

DOCUMENT RESUME

ED 382 787

CE 068 857

TITLE Workplace Skills Enhancement Program. Dissemination Report.

INSTITUTION Essex Community Coll., Md.

SPONS AGENCY Office of Vocational and Adult Education (ED), Washington, DC. National Workplace Literacy Program.

PUB DATE Nov 94

CONTRACT 84-198

NOTE 603p.

PUB TYPE Reports - Descriptive (141) -- Tests/Evaluation Instruments (160)

EDRS PRICE MF03/PC25 Plus Postage.

DESCRIPTORS Adult Basic Education; *Basic Skills; Behavioral Objectives; Business Communication; Business English; Community Colleges; Curriculum Development; *Hospital Personnel; Information Dissemination; Job Placement; Learning Activities; Lesson Plans; *Literacy Education; Medical Vocabulary; Numeracy; Partnerships in Education; Peer Teaching; Problem Solving; *Program Development; Program Effectiveness; School Business Relationship; Service Workers; *Skill Development; Statewide Planning; Technical Writing; Tutoring; Two Year Colleges; Workshops; Writing Skills

IDENTIFIERS *Maryland; *Workplace Literacy

ABSTRACT

This document describes the Maryland Hospital Skills Enhancement Program, a collaborative effort of the Maryland Hospital Association, Essex Community College, and three Maryland hospitals that was designed to improve the literacy/basic education skills of hospital employees in 11 targeted service occupations. Two curriculum models were used: self-learning packet and 12-week courses on specific topics. The report notes that, of the 830 hospital employees who completed literacy tests, 610 attended at least one program session, 340 (56%) completed 1 semester, and 59 (17%) completed more than 1 semester. The 49 employees who completed 1 or more semesters and reading pre/posttests gained an average of 4.0 scale points in reading, and the 101 employees who completed 1 or more semesters and math pre/posttests advanced an average of 6.8 scale points. Participants also received peer tutoring, counseling, and job placement services. Appendixes constituting approximately 90% of this document contain the following: supervisor and participant follow-up surveys and selected results; project publicity materials; Workplace Educational Skills Analysis summary reports and problem-solving activities; external evaluator's report; individualized self-learning packages; peer tutoring information, math workshop materials; sample lesson plans; business writing, communications, grammar/writing/vocabulary, and medical terms curricula. (MN)

**WORKPLACE SKILLS
ENHANCEMENT PROGRAM**

DISSEMINATION REPORT

November 1994

**Essex Community College
Maryland Hospital Association**

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WORKPLACE SKILLS ENHANCEMENT PROGRAM

DISSEMINATION REPORT

Table of Contents

Grant Abstract and Overview of the Program --	1
I. Establishing and Maintaining the Partnership --	10
II. Establishing Relevant Curriculum --	16
III. Public Relations and Enrollment Generating Activities --	20
IV. Assessment, Placement and Counseling --	24
V. Hiring and Training Staff and Faculty --	33
VI. Formative Evaluation Procedures --	39
VII. Summative Evaluation and Outcomes --	44
VIII. Workplace Barriers: Challenges and Solutions --	57
IX. Dissemination Practices --	62
X. Appendix --	see accompanying document

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U.S. DEPARTMENT OF EDUCATION
OFFICE OF VOCATIONAL AND ADULT EDUCATION (OVAE)
DIVISION OF NATIONAL PROGRAM (DNP)

1. PROGRAM TITLE: FY 1993 NATIONAL WORKPLACE LITERACY PROGRAM
2. PROJECT TITLE: MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM (MHSEP)
3. AWARD NUMBER: 84-198
4. PROJECT DIRECTOR: BARBARA WEIDMAN
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(410) 760-6804
5. TOTAL FUNDS: FEDERAL: \$ 483,006
NONFEDERAL: \$ 794,297
TOTAL: \$1,277,303
FED FUNDS: 37.8% OF TOTAL FUNDS
6. AWARD PERIOD: MARCH 1, 1993 - AUGUST 31, 1994
EXTENSION PERIOD: SEPTEMBER 1, 1994 - NOVEMBER 30, 1994
7. FEDERAL PROJECT OFFICERS: MARIAN BANFIELD
8. PURPOSE: BY IMPROVING LITERACY AND BASIC EDUCATION SKILLS, HOSPITAL SERVICE WORKERS WILL BECOME MORE EFFECTIVE AND PRODUCTIVE IN THEIR CURRENT POSITIONS, ABLE TO ASSUME MORE TECHNICAL AND DIVERSE RESPONSIBILITIES, AND BE ELIGIBLE FOR GREATER OPPORTUNITIES FOR ADVANCEMENT AND UPWARD MOBILITY.
9. PROCEDURES: LITERACY TESTING AND COUNSELING WILL BE OFFERED. QUALIFIED WORKERS WILL ENROLL VOLUNTARILY IN THE FOLLOWING CLASSES: WORKPLACE LITERACY, GED OR PROBLEM SOLVING/PRACTICAL APPLICATIONS.
10. OUTCOMES:
2500 WORKERS WILL BE TESTED
1500 EMPLOYEES WILL REGISTER
75% RETENTION RATE
75% OF PARTICIPANTS' SUPERVISORS WILL REPORT IMPROVEMENT IN WORK HABITS, JOB SKILLS AND ATTITUDE

11. EDUCATIONAL LEVELS: ELEMENTARY AND SECONDARY
12. TARGET POPULATION: NON-PROFESSIONAL HOSPITAL EMPLOYEES WITH 12TH GRADE LEVEL SKILLS OR BELOW
13. ESTIMATED NUMBER SERVED: 830 participants assessed
14. PARTNERS: Liberty Medical Center, Inc.; Johns Hopkins Hospital; Johns Hopkins Hospital/White Marsh; Mercy Hospital; Sinai Hospital of Baltimore, Inc.; Saint Agnes Hospital; Saint Joseph Hospital; University of Maryland Medical System; University of Maryland Medical System/Montebello Rehabilitation Hospital

**PROGRAM OVERVIEW FOR THE WORKPLACE SKILLS
ENHANCEMENT PROGRAM**

The National Workplace Literacy Program of the United States Department of Education announced in March of 1993 that Essex Community College (ECC) had won a \$483,006 grant for implementing a workplace literacy program with the Maryland Hospital Association (MHA). A program coordinator was immediately hired. An academic counselor and an administrative secretary were hired soon after. The ECC staff worked with the MHA staff to begin detailed preparations for briefing, testing, counseling, and placement of employees in classes. ECC staff and the program coordinator constructed a comprehensive database of information about the participants.

Assisted by the advisory committee of the MHA, a brochure and methods for presenting the program to employees were developed. With the support of the hospital site coordinators, employees were guaranteed confidentiality and academic assistance.

During March and April, 1993, the program coordinator and consultants conducted literacy task analyses and interviews of workers, supervisors, managers, and directors. The analyses were used to determine educational objectives related to the required tasks needed for each position targeted. A compendium of skills was then made available to instructors to structure the basic curriculum. Instructors targeted workplace needs of individual

learners to construct their individualized learning plan.

Instructors were hired during June, 1993 to begin classes the last week of June, 1993. An orientation to the Maryland Hospital Skills Enhancement Program (MHSEP) was presented at a staff meeting in early June. The instructors were encouraged to use the Portfolio Assessment method of tracking student progress. Curriculum for student instruction was based on individual student assessment, needs, interviews and goals. The learner was to be the center of the curriculum.

To market MHSEP to hospital employees, a mini-career fair was conducted at a number of the hospitals. A table was set up outside the hospital cafeteria with an MHA representative to answer questions and distribute information concerning careers. Also, a representative from the MHSEP was present to encourage employees to sign up for assessment and to consider attending classes offered on site.

Once classes began at each hospital site, the counselor and program coordinator frequently observed classes and interacted with the instructors and students to maintain a quality instructional environment. When an instructor noticed a student having difficulty with instruction or attendance, the counselor was asked to pursue the problem. Some alternatives available to the counselor to ensure continued positive instruction for the student

were: individual learning packets aimed at the skill the student wished to remediate; requesting an individual tutor from the Literacy Works network; having the counselor provide one-on-one tutoring to help the student meet his/her goal, and involving the site coordinator in resolving impediments placed by the job.

Instructors were encouraged to participate in staff development opportunities presented by the MHSEP, the Maryland State Department of Education Office of Adult Education and other agencies.

To continue to maintain quality, on-going evaluation was an important part of the program. At the conclusion of each session, learners were asked to complete an informal class evaluation. ECC asked for a non-credit course evaluation. These were used as an indicator of success in meeting the expectations as well as the needs of the students. Procedures or instruction was changed, if warranted, by learner response on the evaluation.

The supervisors of participating employees were asked to complete a supervisor's evaluation to capture changes evidenced on the job by participants in the program.

CASAS testing was used as the assessment tool to track student growth. An initial assessment located the test level for the pre-test. The pre-test was given no later than two weeks into the

session. The post test was given at the end of the twelve week session.

Dissemination of information concerning the MHSEP took place at the League for Innovation in the Community College conference at New Orleans, Louisiana, January 30 - February 2, 1994. Requests for curricula were received and sent at the end of the grant period to ERIC and a doctoral student at Auburn University.

Final report compilation brought together the tabulations of all surveys from students and supervisors, all teacher reports, and test data. Recommendations and findings were documented for dissemination to other programs.

**WORKPLACE SKILLS ENHANCEMENT PROGRAM
ROLES AND RESPONSIBILITIES FOR THE
FEDERAL GRANT**

MARYLAND HOSPITAL ASSOCIATION

- *provided information about health career exploration/career opportunities
- *assisted with dissemination of project results through newsletters, Centerpoint and other publications/programs
- *facilitated communication between participating hospitals and Essex Community College
- *participated in the site coordinators' advisory committee
- *arranged office space for support personnel
- *arranged space for site-coordinators'-advisory meetings

ESSEX COMMUNITY COLLEGE

- *conducted assessments, counseling, instruction
- *developed and implemented curriculum
- *maintained records on program status
- *provided support personnel
- *participated in committees
- *participated in publicity campaigns
- *maintained budget
- *compiled dissemination report
- *participated in student recruitment

PARTICIPATING HOSPITALS

- *provided space for classes
- *assigned a site-coordinator to attend site coordinators' advisory meetings, coordinate class logistics on site
- *offered one hour of release time from work or one hour of pay for every 2 hours participating students spent in class
- *provided free parking for teachers and other support staff
- *recommended and/or participated in student recruitment
- *provided end of semester recognition for students

I. ESTABLISHING AND MAINTAINING THE PARTNERSHIP.

The MHA is a partnership of Maryland hospitals with the primary focus of helping its members to provide efficient, effective, high quality care. MHA studied the problem of workplace literacy for several years. The Maryland hospitals participated in a research project sponsored by the Baltimore City Literacy Corporation in 1989. The findings were published in the "Baltimore Basic Skills Project Report." As a result, in spring 1990, MHA and the hospitals involved in the study began efforts to develop plans for a demonstration project in workplace basic education. MHA conducted a survey to identify program needs and instructional models. In 1991, MHA conducted a review of the published literature. Members of the Maryland Healthcare Human Resources Association (MHHRA) formed a task force in fall, 1991, to seek solutions to workplace literacy problems. MHA and MHHRA joined forces in November, 1992 to address the issue. The result was a workshop co-sponsored by the joint task force in June, 1992. At the same time, MHA released its newly published report, Back to Basics: A Report on Literacy Problems and Programs in the Health Care Workplace. (See Appendix)

At about this time, ECC approached the hospitals with a vision of implementing a workplace literacy project in area hospitals. Given the MHA commitment to addressing the existing and currently researched literacy problems in area hospitals, and the hospitals' concern with the literacy level of non-professional employees, a complementary

partnership of ECC, the MHA and seven area hospitals was formed and the federally grant-funded MHSEP took form.

The hospital partners showed a strong commitment to this project by offering to pay each participant regular salary for half of the total hours the student participated in the program. The hospital provided a one-to-one time match for project participants. When an employee attended a two hour class, the employee was paid his/her regular salary for one hour and volunteered one hour of his/her own time. This ensured a firm commitment from both employer and employees. In addition, the hospitals contributed the services of a site coordinator, classroom facilities, some travel to workshops for site coordinators, the use of computer hardware and computer furniture, if available, and motivational awards for workers. Essex provided an experienced literacy consultant, use of research personnel and production staff, a technical specialist, part of the project director's salary, Essex learning specialists and faculty to advise on curriculum development and counselors to provide support services to hospital employees who came to the campus.

SITE COORDINATORS' ADVISORY COMMITTEE

The Site Coordinators' Advisory Committee was established in June of 1993. It met every month for the duration of the project in an endeavor to oversee and guide the program's development. The Committee consisted of ECC staff, representatives from the MHA and a site coordinator from each participating hospital.

Each hospital appointed a site-coordinator (usually a training or human resources director) to attend meetings and provide invaluable input/feedback specific to the individual hospital, i.e., cross-training, restructuring, facility changes, class logistics, etc.

A representative of the MHA was always in attendance, bringing the broad-spectrum hospital perspective, general trends in health care provision, etc., to the table. She also availed her expertise to hospital employees in the form of a Career Awareness Workshop.

ECC staffed the Project Director (Director in Continuing Education), the Program Coordinator, Academic Support Counselor and Program Secretary.

WORKING COMMITTEES

Site committees were formed at several participating hospitals. These committees typically included representatives from management, administration and hospital staff. The purpose of the committees was to offer broad-spectrum input, communications and problem-solving feedback with regard to various aspects of student recruitment, class logistics and areas with training needs in the hospital. The site coordinator at the hospital was responsible for selecting site committee participants, coordinating meetings and implementing resulting recommendation and/or sharing such information at the Site

Coordinators' Advisory Committee.

Mercy Hospital's site committee consisted of six members: an M.I.S. technician, the manager of Housekeeping, a person from the Center for Research, Education and Development, the hospital president, the person in charge of rooms, and the site coordinator from the Human Resources Department. This committee met several times during the grant.

Saint Agnes Hospital established a site committee early in the grant period, but the site coordinator found that it was not beneficial to the overall effectiveness of the program at her site, and the group disbanded.

Sinai Hospital's site committee, formed at the beginning of the grant, consisted of 12 people: managers, directors and front-line staff. They met about three times per year, each meeting lasting approximately 90 minutes. The site coordinator felt that the most beneficial outcome of the meeting was the recommendation for class times which would be most workable given departmental workforce constraints and established shifts. Student participants were not vocal at these meetings, perhaps because they felt intimidated in this forum. Otherwise, the meetings were not particularly helpful.

The committees mentioned above represent the typical composition and function of site committees. While they were generally deemed

minimally beneficial, their potential value to any future programs was expressed by many site coordinators, who felt it would be well worth the effort to reestablish functional site committees dedicated to the goal of on-going program improvement resulting from open communication and focused cooperation.

INFORMAL MEETINGS/OPEN COMMUNICATION

Meetings were held on site at individual hospitals, when necessary, to address communication problems between faculty and students, equipment breakdown, scheduling difficulties, planning strategies, etc.

Numerous queries or concerns from faculty members and site coordinators were resolved by phone in a timely and efficient manner. Other communications were routinely handled by letters and memos.

Open lines of communications were encouraged and the MHSEP partners and participants consistently exhibited focused vigilance in placing the goals of the program ahead of any individual problems or differences of opinion.

The monthly Site Coordinators' Advisory Committee Meetings and formal and informal communications fostered teamwork and cooperation which were keys to providing this quality workplace literacy program for hospital employees.

II. ESTABLISHING RELEVANT CURRICULUM

Curriculum development was accomplished by six different methods. These methods included:

1. Workplace Educational Skills Analysis (WESA)
2. Teacher curriculum development responding to the Individualized Educational Plan (IEP) of participating student
3. On going curriculum development for class requested topics
4. Individual learning packets
5. Workshops for specific topics
6. On-going specific curriculum development for courses in: Introduction to Medical Terms, Basic Business Writing, Communication Skills, Grammar and Writing Review, Math Review, etc.

The first method began during the start-up portion of the grant. The project coordinator interviewed the training manager of the Liberty Medical Center. Information gathered during this interview supported the expectation that non-professional hospital employees

would need to upgrade skill levels in order to meet future job demands of the hospital. In order for employees to be promoted or cross-trained, basic skills needed to be strengthened. The MHSEP became a natural partner with each hospital to prepare its employees for transitioning to the new, leaner, multi-skilled workforce.

During the start up time, March, April and May, 1993, the target occupations were investigated by the program coordinator. For the investigation, literacy audits were conducted by interviewing the target occupations' supervisors, and employees doing the job. Then a Workplace Educational Skills Analysis (WESA) report was compiled. The following occupations were subjects for WESA Reports: dietary hostess, dietary salad prep, nursing assistant, security guard, environmental services, linen and laundry, clerical unit secretary or ward clerk, stock clerk, patient escort, pharmacy technician, and maintenance mechanic. Each report includes: job duties and job-related skills summaries, frequency and criticality of basic skills, tools, equipment, machinery and work-aids, other comments, and problem solving scenarios, as well as supporting documents used in the performance of the job. (See Appendix - WESA Summary and Problem-solving scenarios).

A CASAS Matrix chart was compiled to relate educational components as evidenced in the WESA reports to the test items in the CASAS assessment. The final chart is included in the Appendix.

The project coordinator, academic counselor, and instructors worked together to develop specific lessons, based on the WESA reports. Sample lessons are included in Appendix.

The second approach to curriculum development involved the instructor and students in class. Each student initiated an Individualized Educational Plan (IEP) at the time of assessment. This IEP was turned over to the instructor who would be facilitating the student's instruction. The student and instructor further developed the IEP, targeting immediate steps to support short term and long term goals. A record of the plan was maintained in the IEP portion of the Portfolio. The Portfolio Assessment was a method used for measuring the progress of participants in MHSEP. Instructor-student collaboration in goal setting allowed the instructor to develop specific individual curricula to help students reach their short term goals. The materials and resources available to the instructor and the wide range of instructor experience greatly influenced this development.

The counselor was also instrumental in developing curriculum for students who were receiving individual tutoring from the mentoring pilot program at St. Agnes Hospital. (See Appendix) Mentors used the counselor as a resource for materials to facilitate instruction. The counselor was also involved in tutoring individual students, who for various reasons were unable or unwilling to attend class or needed more help than was available in class. The counselor used methodology

much like the instructor to develop curriculum for the individual student. Learning packets were developed by the counselor for specifically requested topics. Among the requested topics were: Essay Writing for the GED, Menu Reading for Dietary Tray Workers. Workshops were presented each semester by the counselor to each of the classes. The topics were: Applying Math Study Skills to Your Job, The Magic of Motivation, and Success through Note-Taking, Study, and Test Taking Skills. (See Appendix)

The final method of curriculum development was a result of student evaluations. A number of evaluations and short and long term goals would specifically target topics the students wanted to refresh or become more competent in. As student driven curriculum is a part of a successful adult education program, the grant administrators charged a few instructors with the task of developing specific topic curricula in: Introduction to Medical Terms, Basic Business Writing, Grammar and Writing Review and Communication. Their charge was to involve student input into the desired curriculum components as well as to field test some components with their students. This method of curriculum development helped to increase student retention and recruitment by targeting requested student learning. A copy of each curriculum developed is found in the Appendix.

III. PUBLICITY AND ENROLLMENT-GENERATING ACTIVITIES

The grant called for collaboration of the MHA and ECC to market the MHSEP educational opportunity for hospital employees.

Press Conference

The MHA and ECC held a press conference for news media coverage. The conference was held at UMMS in March, 1993, to announce the start up of the program.

Career Fair

MHA and the individual hospital partners proposed Hospital Career Fairs as an appropriate vehicle to provide a springboard for employees to plot their career goals and moves. (See Appendix) Hospital newsletters informed their employees of the scheduled days and times of the career fair on site. A table manned by an MHA representative and a representative from the MHSEP was placed in a strategic position, (i.e., outside the cafeteria) to maximize employee traffic. Employees were encouraged by the representatives to pick up information, hand-outs, and converse with them concerning their career goals. A list was developed of employees interested in participating in educational assessment. These people were sent a note to remind them of the assessment location, date and time, and notified by phone.

Department Visits

While the career fair generated some inquiries, the most positive response from employees came when various hospital site coordinators encouraged department supervisors to schedule a time during work hours for the MHSEP coordinators to speak to their employees, directly, in the department or during staff meetings. This method of direct contact brought more information to the targeted positions and emphasized the support of the supervisor and the hospital administration. Hospital newsletters, posters and flyers were generated by site coordinators. Perhaps because of the skill level of the targeted employees, printed material oftentimes proved relatively ineffective in the recruitment process.

Newsletters

To publicize the assessment and class schedule, each hospital wrote articles for their in-house communication organ. Each new session was thereby announced and students were encouraged to contact the coordinator for further details. (See Appendix)

Print Publicity

Brochure

Early in the grant a brochure was prepared to publicize the program. A copy is found in the Appendix.

The MHSEP brochure, an in-hand resource with a contact phone number, allowed the employee to inquire at his/her convenience while maintaining confidentiality, if so desired.

Flyer

As a class project, one instructor asked the class to write an article encouraging fellow employees to participate in MHSEP classes. An outcome of this project was a flyer that took direct quotes from the students to make a one-page hand-out. The flyer was also available at career fairs and department briefings. (See Appendix - Recruitment Flyer).

Video

Plans for a video to publicize the program were formulated early in the program. The final, completed video was used to inform the public of the program by a presentation on channel 17 during late summer, 1994. Program coordinators and each site coordinator received a copy of the video to be used for future recruitment endeavors for the MHSEP. The video has been shown to management, to encourage their support for the MHSEP.

The components of the video include: interviews with personnel from the hospitals explaining the climate of the workplace and the need for capable employees in the emerging workforce, interviews to discuss the value of the program to the students, what they have experienced, their goals and their perceived and actual benefit.

Learner Recognition

To foster student attendance and participation, a certificate of participation was awarded to each student who attended two thirds of the classes in a given session and participants were eligible to receive a certificate for each session they completed. These certificates were presented the last day of the class session. Many site coordinators presented the certificates to the students to emphasize the support of the hospital administration. The site coordinator was encouraged to make a copy for inclusion in the employees' personnel file.

The last half-hour or hour of the last class of the session was a time of sharing. Either the students pitched-in with snacks or food or the hospital provided the snacks or food to celebrate the ending of the session.

IV. PROGRAM ADMINISTRATION: Assessment, Placement and Counseling

Program administration included briefing, testing, counseling, class placement, follow-up counseling, pre-testing, post-testing and exit counseling. These essential components provided the foundation and support for the delivery of appropriate educational services to participants in the MHSEP.

While all administrative functions were necessary and supportive to the program, counseling was probably the most time-consuming and essential investment in learner progress and retention. Through the counselor or coordinator, counseling opened the critical door of communication between the student and instructor. Our adult learners responded to this personal attention with increased motivation to succeed and re-enroll, thus accepting the challenge of long-term commitment to education.

The purchase of effective resource materials was a primary focus for budget administration. Staff input was always key in the selection and purchase of high-quality workbooks, software to reinforce skills enhancement and staff development, instructional videos, and other workplace-related materials.

Other administrative duties included site coordinators' advisory meetings, hospital site visits, monitoring attendance/retention and problem solving when students, instructors or site coordinators contacted program administrators with specific problems, questions or concerns.

TESTING/ASSESSMENT

Employees from the target populations listed in the grant: dietary, clerical, distribution, housekeeping, linen and laundry, maintenance, nursing assistant, patient escort, and security, formally entered the Maryland Hospital Skills Enhancement Program by taking the CASAS 200 Reading and 75 Math Assessment Tests. Primarily, the site coordinators and supervisors notified the employees in their departments about the program and the days and times for the initial assessment. The site coordinators reserved the rooms for testing and provided the counselors with the list of employees who signed up.

During the start up time of the program, before the first semester began, hospital employees were assessed by either the MHSEP Program Coordinator, the Academic Support Counselor or a counselor hired through Essex Community College. They discovered that class enrollment was larger at those sites where employees had been tested the week before the classes began rather than earlier.

Keeping this lesson in mind for subsequent semesters, they tried to assess employees at each site as close to the beginning of the semester as possible. This was a difficult task to coordinate considering the number of sites, 7 for semester I, II, III, 8 for semester IV, and 5 for the minimester. Class instructors were enlisted to help with the assessment in addition to the Program Coordinators and Academic Support Counselor. The Academic Support Counselor wrote Testing & Counseling Directions for the instructors which guided them through the process and explained how to interpret the test scores for class placement.

At some sites the test was administered to a whole group at one time during a 2 hour period, then another group came for the next 2 hours. At other sites a 4-6 hour segment of a day was set aside for testing, and employees flowed in and out during that time.

PLACEMENT

During the first two semesters, learners were placed in classes according to their CASAS Assessment Test scores. Placement was based primarily on the reading score. We combined classes I and II because there were not enough employees who tested at <221 in Reading to warrant a separate class I at most of the sites. Classes III and IV were combined also for the same reason.

CLASS I - II	200 - 230
CLASS III (GED)	231 - ABOVE
CLASS IV (HS DIPLOMA)	231 - ABOVE

After semester 2, in order to accommodate potential students dealing with hospital shift constraints, placement corresponding to test scores was changed to heterogeneous grouping according to when the employees could attend the classes. The program did not want to lose those employees who were interested, simply because they could not attend the "appropriate" class due to the time it was scheduled.

INITIAL COUNSELING

The approach varied for the initial counseling depending on the site and the number of employees who were tested at one time. Whenever possible, employees were counseled right after they completed the test. This approach was the most efficient for both the counselor and the employee because they did not have to meet a second time to

complete the counseling part of the assessment process. It worked effectively with groups as large as 25, if two people were assigned to do the assessment. To make sure that the employees were counseled in the order in which they finished the test, they were asked to sign up as soon as they were ready for counseling. When employees could not stay for counseling, the counselor called and counseled them on the phone.

The counseling consisted of explaining the test results, interviewing the employee and filling in the Individualized Education Plan (IEP), giving information about career and education opportunities, and most importantly providing that first introduction to the program in a warm, interested, supportive way. The counselor could help the employees feel that they would succeed in and enjoy the classes.

ONGOING TESTING

Before the beginning of each semester, the site coordinators advertised the program. They sent flyers to the departments, held Career Fairs, and/or published the dates, times, and locations for assessment testing in the hospital newsletter. People signed up for testing at the Career Fairs, by calling the MHSEP directly or by contacting the site coordinator who arranged with the MHSEP coordinators or counselor to conduct the testing.

To encourage participation in the program, testing was done any time a potential student requested it throughout the semester. The counselor tried to match individual or small group testing with her tutoring schedule to maximize her time at each site. With the

assessment testing as well as the tutoring, the risk of employees not showing up, despite the precaution of a reminder call, was part of the job. It seemed unavoidable that some days four hours at a site could be spent in testing only one or two people, when four or more employees had signed up. Despite this disadvantage, on-going testing was a positive reinforcement of the grant partnership. It demonstrated to both site coordinators and employees that the administrators of the program were very interested in meeting their needs.

ONGOING COUNSELING

Interim Counseling

The purpose of interim counseling was

1. To discuss with learners their present learning goals.
2. To provide learners with insight and direction in developing future education and career goals.
3. To encourage learners who had been absent to return.
4. To reinforce learning motivation.

Due to the number of hospital sites and employees with time constraints, the counselor met or spoke on the phone with those learners who requested interviews or who had missed four or more classes. The counselor also made contact with the learners when she went to the classes to give the workshops each semester. Anyone requesting specific information, particularly about local college programs, was sent catalogues and other data in the mail or given the name and phone number of a person to call for further details.

After two absences instructors called their students to find the cause of the absences and to encourage them to return to class. When their students were absent four or more times without a known reason, the instructors notified the counselor. The counselor then called the students to find out the reason for the absenteeism and to encourage them to return to class. The call was documented on an Interim/Exit Counseling form.

EXIT COUNSELING

At the beginning of each semester the coordinators and counselor called students from the previous classes who were not attending the new semester to find out why they were not continuing in the program and to encourage them to continue. Employees did not return for several reasons:

1. They planned to take a break and return the following semester.
2. They had to give someone else from their department a chance to participate.
3. They had completed their goals.
4. They were going into a college program.
5. Their shift had changed or the class time had changed.
6. They had child care, other family or personal issues to deal with.
7. They felt that the program or the instructor's teaching style did not suit their needs.
8. They were no longer working at the hospital.

Most of the people called, whether they planned to return to the

program or not, voiced their appreciation for being contacted. Building rapport with the employees by showing them interest, concern and support was vital to the success of this program. The instructors, the coordinators, and the counselor all worked toward this goal. An exit survey of all participants who were assessed was conducted. See Appendix for compilation of responses.

GED TESTING AND COUNSELING

Students in several MHSEP classes at various hospital sites were working toward taking the state-administered GED exam. These students were at various levels of preparation, however, many of them expressed interest in taking the Official GED Practice Test. This test is highly recommended for potential GED candidates as it closely resembles the actual GED exam in format and question difficulty.

One of the program administrators arranged for interested students to take the test, either during or outside class, depending on the time constraints of the students. Since the test requires over four hours of testing, it was usually taken in two sittings. Upon completion of the battery of five tests (Writing Skills, Social Studies, Science, Interpreting Literature and the Arts, and Math), the administrator immediately scored the tests, discussed test results with the individual students (confidentially), and counseled students with regard to readiness to take the actual GED exam and/or the remaining preparation necessary to achieve readiness. An item analysis sheet was given to each student who took the test. Students

were instructed in completing the sheet in order to see which skills were still deficient, thereby aiding in planning how to best structure their study/class time.

Students who demonstrated readiness to take the GED exam were advised of application procedures (fees, testing dates, etc.).

One student who successfully completed the Practice Test, realizing that he was prepared for the GED exam, went on to take the GED Exam. He passed the exam and received his high school diploma. As an employee of St. Joseph Hospital, he was congratulated in writing by the hospital and applauded by interested and proud classmates. He was able to share his emotions and reactions to taking the exam with fellow students. This personal success story greatly impacted his classmates, many of whom reaffirmed their determination to achieve their goal of earning a high school diploma.

While all administrative functions were necessary and supportive to the program, counseling was probably the most time-consuming and essential investment in learner progress and retention. Through the counselor or coordinator, counseling opened the critical door of communication between the student and instructor.

Other administrative duties included site coordinators advisory meetings, hospital site visits, monitoring attendance/retention and problem solving when students, instructors or site coordinators contacted program administrators with specific problems, questions or concerns.

V. HIRING AND TRAINING FACULTY AND STAFF

HIRING

The Project Director, responsible for supervising the program coordinator and working closely with the Site Coordinators' Advisory Committee, was the Director of Business & Industry Training for ECC.

The hiring of faculty and staff was many faceted. The program coordinator and academic support counselor were brought on after completing similar positions in the federally grant-funded Martin Marietta Workplace Literacy Skills Enhancement Program. Their hiring for the previous grant was done in accordance with Affirmative Action guidelines, and their proven expertise in the Martin Marietta grant was deemed an asset to the MHSEP grant.

A search was conducted for the part-time teaching faculty. An ad was run in **The Baltimore Sun** to solicit applications. The ECC Project Director, Program Consultant and MHSEP Program Coordinator conducted interviews. The committee sought applicants competent in their fields of expertise, experienced in working with adults and flexible enough to adapt their skills to a non-traditional, educational, hospital setting. Teachers were hired on a part-time contractual basis, per course.

A temporary secretary was hired until June of 1993. An ad for a

full-time permanent program secretary was posted in **The Baltimore Sun** seeking an individual capable of assisting the program coordinator and counselor within a flexible work setting, keeping accurate records on database for information reporting, organizing attendance and registration records, etc. In response to this ad, the secretary applied, was interviewed by the Project Director and was hired by the end of June, 1993.

In early March, 1994 illness necessitated the untimely resignation of the program coordinator. Two part-time administrators from Baltimore County's Office of Adult Education were brought on half-time as of March 21, 1994, to share the position of coordinator. One of these administrators was already employed as a part-time instructor in the MHSEP program.

(See job descriptions which follow.)

FACULTY TRAINING AND DEVELOPMENT:

Prior to the beginning of classes, an orientation for faculty was held on June 15, 1993, at ECC. The meeting began with the introduction of faculty and staff and opening remarks by program administrators. Information and discussion on the following topics followed:

GRANT OVERVIEW

HANDBOOK INFORMATION

CLASS ASSIGNMENTS

REGISTRATION PACKETS

IEP DEVELOPMENT

COMPETENCY-BASED PORTFOLIO ASSESSMENT

STAFF DEVELOPMENT/NEEDS ASSESSMENT

RESOURCE MATERIALS

A handbook was prepared prior to the above-mentioned orientation and contained information pertinent to the program. Selected information included the following:

- I. Welcome to teachers
- II. Program Philosophy
- III. Professional Development
 - A. MAACCE (Maryland Association of Adult Continuing and Community Education)
 - B. Professional Development Institute
 - C. MHSEP Training and Resources
 - 1. Faculty Meetings
 - 2. Videos and Resource Texts
 - 3. Administrative Directory
- IV. Policies
- V. Hospital Information
 - A. Directions
 - B. Contact person
 - C. Phone number
- VI. Individualized Education Plan

VII. Resources

- A. Professional reading (handouts)
- B. Professional publications
 - 1. Trade Winds - published by Partners in Education and Training
 - 2. Focal Point - published by the MHA

VIII. Curriculum Development

- a. WESA Reports
- B. Portfolio Overview
- C. GED Information

The handbook given to each instructor to keep during their time of participation in MHSEP provided an important resource for the faculty.

The MHSEP Program Coordinator applied for a Maryland State Department of Education Grant to be used to pilot **Portfolios** as a means of on-going evaluation of student progress in the MHSEP. The Maryland State Department of Education awarded the MHSEP an \$18,721 grant for portfolio development and assessment. Approximately every other month, faculty meetings provided portfolio-related training and/or continual workplace literacy training. These meetings provided an excellent forum for faculty feedback, re. successes, problems, concerns and questions related to conducting workplace literacy instruction in the hospital setting. (Sample faculty meeting agenda included).

All MHSEP administrators agreed that on-going staff development activities are key to any successful adult education program. For this reason, faculty members were strongly encouraged to access various state and local professional development opportunities in addition to mandatory faculty meetings. Conference fees were paid by the grant. Teachers usually returned from such training not only with creative instructional strategies, but with renewed enthusiasm and pride in workplace education and its possibilities in the adult education arena.

Resource materials were plentiful and faculty members were able to sample a variety of books and software. Publishers' catalogs were available in the central office and teacher recommendations for materials were given serious consideration. Teachers were provided copies of WESA (Workplace Educational Skills Analysis) reports, which matched on-the-job competencies with necessary academic skills. Using these reports, teachers were urged to write appropriate lesson plans for their own class. It was expected that other teachers would eventually benefit from these work-related lessons.

On-going communication and interaction were encouraged among faculty and administrators. Informative memos, informal class visits by the Program Coordinator and Academic Counselor, as-needed phone conversations to clarify information or request materials, or pose a question or concern, were routinely part of the day-to-day operation of the program. A supportive, positive learning environment was a

must for the entire staff. This environment, well-received by teachers, would most likely carry over into the classroom environment. In other words supported, well-informed teachers beget satisfied, successful students.

Learning about the hospital as a workplace with the concomitant needs, values and goals of its employees helped to promote a program responsive to the constraints of the hospital staff yet sensitive to its academic needs. This learning process developed as a result of the grant partners keeping lines of communication open and active. The MHSEP was a positive learning experience for everyone involved. As active participants, we all observed, learned from experience, and adapted appropriately. We funneled resulting processes, strategies and knowledge back into the workplace, always with an eye toward program improvement.

VI. FORMATIVE EVALUATION PROCEDURES

On-going evaluation was an integral means of providing information to improve the quality and delivery of educational services to the students. A variety of tools were used to assess student progress, to measure instructor effectiveness and to determine the benefit of the MHSEP program to the hospitals. In addition, an external evaluator met with the Project Director, interviewed the Program Coordinators and visited various class sites where he observed classes and spoke with both students and instructors. (See Appendix)

Student Achievement

Academic outcomes were evaluated every semester through the comparison of CASAS pre and post test scores. Students completed both pre and post self-esteem surveys every semester. (See Appendix) These surveys reflected how students felt about personal growth in areas of communication, self-esteem, ability to learn new technology/tasks on the job, and confidence as a learner/worker. Scores from both of these instruments were tallied per semester by hospital and summarized for reference purposes.

In addition, instructors were encouraged to keep portfolios for each student, including periodic work samples, anecdotal evidence of student progress, etc., in order for both instructors and students to gain a more holistic overview of student success.

Unfortunately, all teachers did not use portfolios effectively, perhaps because they didn't fully understand or feel comfortable with the concept and purpose of portfolio. We believe that instructors needed more comprehensive staff development regarding portfolio techniques and their potential benefit to both the student and the program.

Perhaps the most practical and significant evaluation of student growth was the feedback provided by the supervisors of student participants. Site coordinators asked each supervisor with student(s) in MHSEP classes, to complete a survey (see Appendix) on each student. The surveys included a series of questions regarding the degree to which each student showed improvement on the job in interactions with co-workers/supervisors, personal attitudes, job task performance, work habits, etc. The information reported by these surveys provided bottom-line feedback on the efficacy and success of the program, as student success in the workplace was paramount in the MHSEP. (See Appendix)

While individually, these methods provide only a limited view of student growth, together, they provide a holistic evaluation of many aspects of student progress.

Instruction

Instructors were observed each semester by a program coordinator. Visits usually included time prior to or after class when the

instructor and coordinator could talk about instructional methods, resources, class concerns, etc. Coordinators encouraged instructors' efforts always with an eye towards integrating workplace skills into instruction, establishing a comfortable yet productive atmosphere in the class, and responding to the needs of the students and instructors.

As a workplace literacy program, the MHSEP was committed to the implementation of job-related skills enhancement. Hospital forms, typical scenarios related to problem-solving on the job, memos, communication techniques, hospital-specific math problems (e.g., metric conversions), etc. were routinely incorporated in various aspects of instruction. In most classes, the challenge of including work-based instruction was met with ingenuity on the part of the teacher, resulting in practical benefit for the students on the job.

The coordinators or counselor met individually with teachers who had difficulty incorporating work-related instruction to offer suggestions, resources, and support. Staff development also addressed workplace related concerns, e.g., staggered entrance and exit of workers, shift conflicts, etc. and incorporation of workplace materials into classroom instruction. Periodic class visits facilitated problem-solving efforts in these areas, thereby improving the quality of instruction and facilitating classroom management.

Some instructors conducted informal evaluations during their

class. ECC administered a formal evaluation at the end of each class to determine instructor and course effectiveness.

An exit survey was conducted by phone in order to solicit student input regarding assessment, counseling, attendance, retention, class preferences, class times, etc. Any student who had been assessed, and/or participated in classes was included in the survey if they were able to be reached. Data received was quite encouraging regarding program success. (See Appendix)

Value of Program to the Hospitals

The site coordinator at each of the hospitals provided the MHSEP staff with on-going feedback from the hospital's perspective. This information frequently included anecdotal accounts of how students had transferred skills acquired during class to the workplace setting. For instance, a materials handler from the stockroom of one hospital expressed his elation that he was now able to identify what items he was sending to various departments upon request. If a discrepancy occurred, he was better able to stop an incorrect order and avoid the duplicity of effort if the order had to be rectified later. This success was an outgrowth of the student's participation in the Introduction to Medical Terms class.

Another scenario involved a housekeeper who indicated that she was now able to measure cleaning solution in the proper dilution after

taking the Math Review class with the MHSEP.

Since actual student scores were confidential, feedback for the hospital on student progress and its implications on the job was best attained from the Supervisors' Surveys (See description under Section VI, Student Achievement). Due to several reasons e.g. failure of supervisor to return surveys, lateral movement of students or supervisors within the hospital, etc., comprehensive information was not forthcoming, however, much of the information was retrieved and compiled in the Supervisors' Surveys Results (See Appendix). The data received was certainly gratifying and attested to the original hypothesis that skills improvement would naturally affect job performance to the benefit of the employee participant as well as the hospital. (See Appendix: Personal Testimonials).

VII. SUMMATIVE EVALUATION

The MHSEP used a variety of methods to collect data on the success of the program. Employees were encouraged to undergo a skills assessment. The instrument used for assessment was the Comprehensive Adult Student Assessment System (CASAS) Workplace Appraisal-Form 200 Reading, and the Maryland Adult Performance Program (MAPP) Placement Form 75 Math. The assessment scale scores were entered into the database for each student tested. During the first session a student participated in class, a CASAS pre-test of math and reading would be given based on the scale score of the CASAS and MAPP assessment. The pre-test score was placed in the database to await the CASAS post-test score. These scores were the basis of CASAS achievement data.

Each session a registration was entered into the database for each student attending the class. Each student was requested to complete an initial and final self-esteem survey, a motivation monitor, an informal class evaluation, and a non-credit course evaluation. The participants' supervisors were asked to comment on employee progress in a supervisor's survey of students who attended the majority of the classes in the session.

PARTICIPATION OBJECTIVES

- 1.0 Literacy testing and counseling will be administered to a minimum of 2,250 hospital service workers to determine their literacy strengths and weaknesses by August, 1994.

Outcome: Literacy tests were administered to 830 hospital employees in the targeted occupations by October, 1994.

Discussion: MHSEP was unable to meet the goal established because of its inability to reach potential participants on a one-on-one basis to explain the program. Once classes were established at a site, we were able to reach potential participants through the efforts of enrolled participants eager to share their class experiences. Of the participants who stepped up to be tested, 34.65% were aged 30-39, 30.70% were aged 40-49. Also noticed among this group were the 70.91% who answered that they were the head of household. The participants who stated they were heads of household had responsibilities that at times precluded their participation in classes held after normal shift hours. Also asked of the participants during intake procedures were the number of months or years employed at the hospital. The majority (56.34%) of the participants stated that they had worked for the hospital 0-5 years. Also of interest among the participants were the 80.61% of the respondents who were female. 79.25% of the participants were Black, 18.95% White, 1.8% other as compiled from the intake data sheet. (See visual presentation of data on next page)

2.0 MHSEP will record a minimum of 1500 registrations (500-700 individuals) of adult workers by August, 1994.

Outcome: 708 registrations were completed by participants in MHSEP.

Discussion: This number was derived from the class registration forms submitted to Essex Community College. Of the registrants 500 were unduplicated individuals. Of all assessed individuals there does not seem to be a statistical difference on the scale scores of those participating compared to those just assessed. The total group was as homogeneous in scale scores, gender, head of household, and years of employment in the hospital, as the participant group.

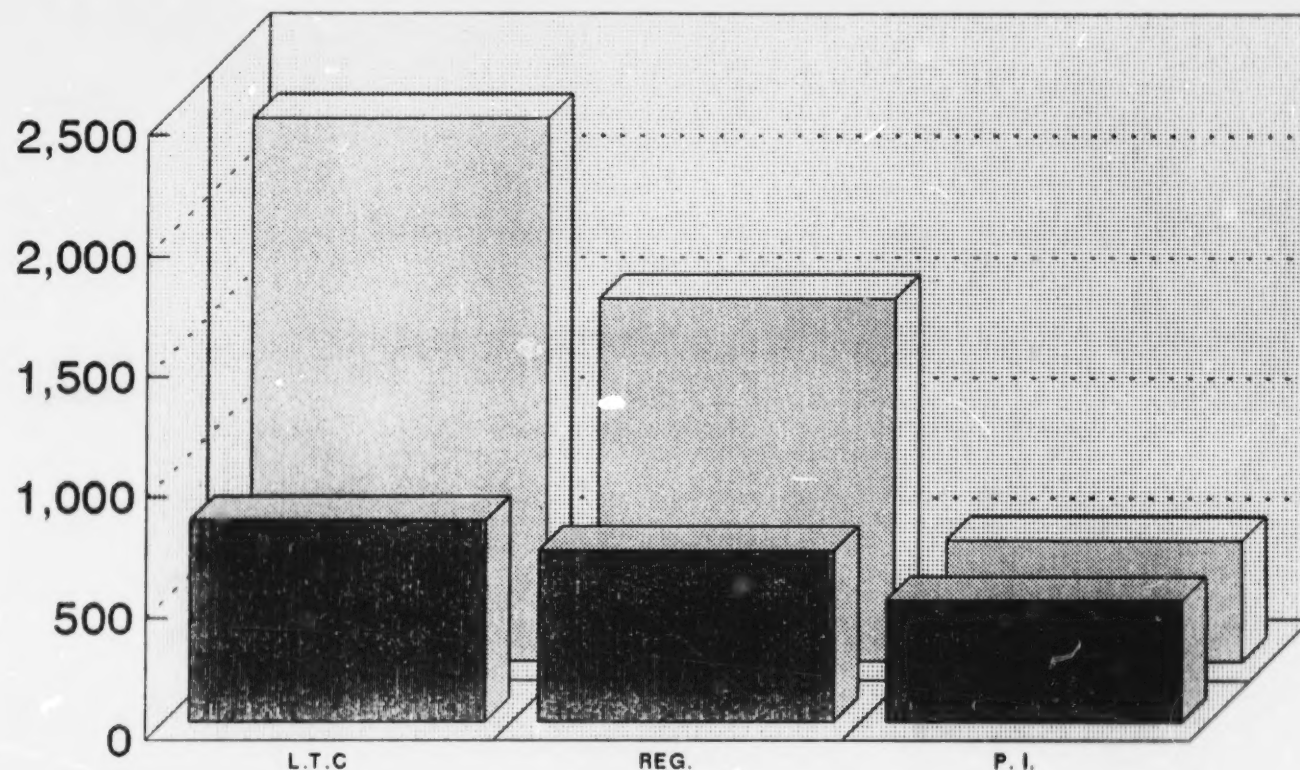
INSTRUCTIONAL OBJECTIVES

3.0 A curriculum model and instructional materials will be developed at each site that will fulfill the needs of the occupations of the participating workers.

Outcome: To meet the needs of the participants, an individualized method of instruction was used in the classes. For students in need of specific curriculum to meet individual needs, curriculum was developed with a Self-Learning Packet model. Included in this model were topics such as: Reading Dietary Menus, Essay Writing for the GED, and Business Writing-Memos, Letters, Minutes. Another model of curriculum

PARTICIPATION OBJECTIVES/OUTCOMES

MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM



OBJECTIVES	☐	2,250	1,500	500
OUTCOMES	☒	830	708	500

L. T. C. = LITERACY TESTED/COUNSELED
 REG. = REGISTRATIONS
 P. I. = PARTICIPANTS (INDIVIDUALS)

Gender of Participants

Male	Female	
36	147	
19	74	
28	115	
25	71	
22	114	
24	119	
5	21	
159	661	820
19.39%	80.61%	

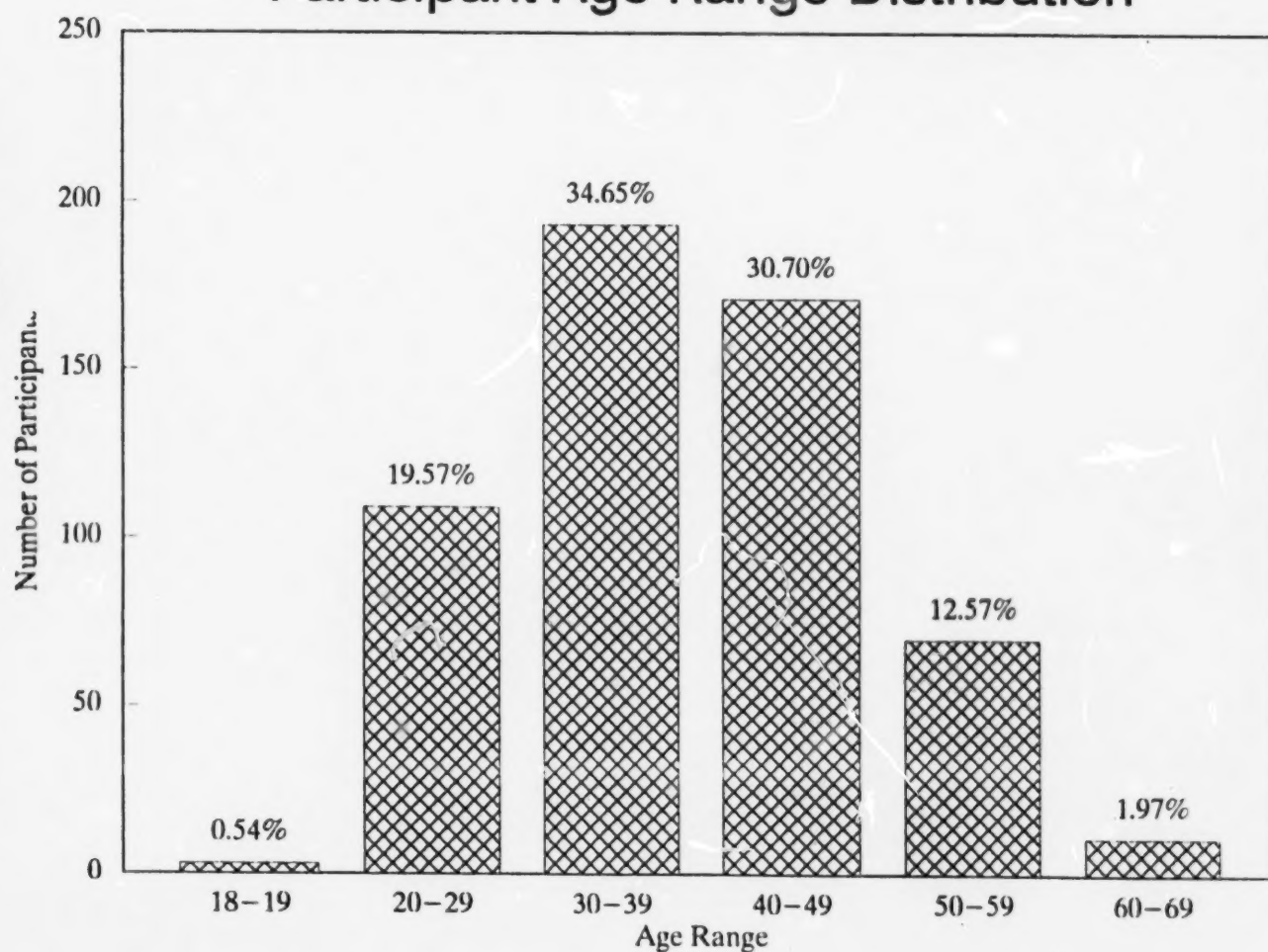
Race of Participants

Black	White	Asian	Indian	Hispanic	
111	31	1			1
63	12				1
88	27				1
66	15		1		1
81	23	1	1		2
103	15	2			
15	3				
527	126	4	2	6	665
79.25%	18.95%	All Others:		1.80%	

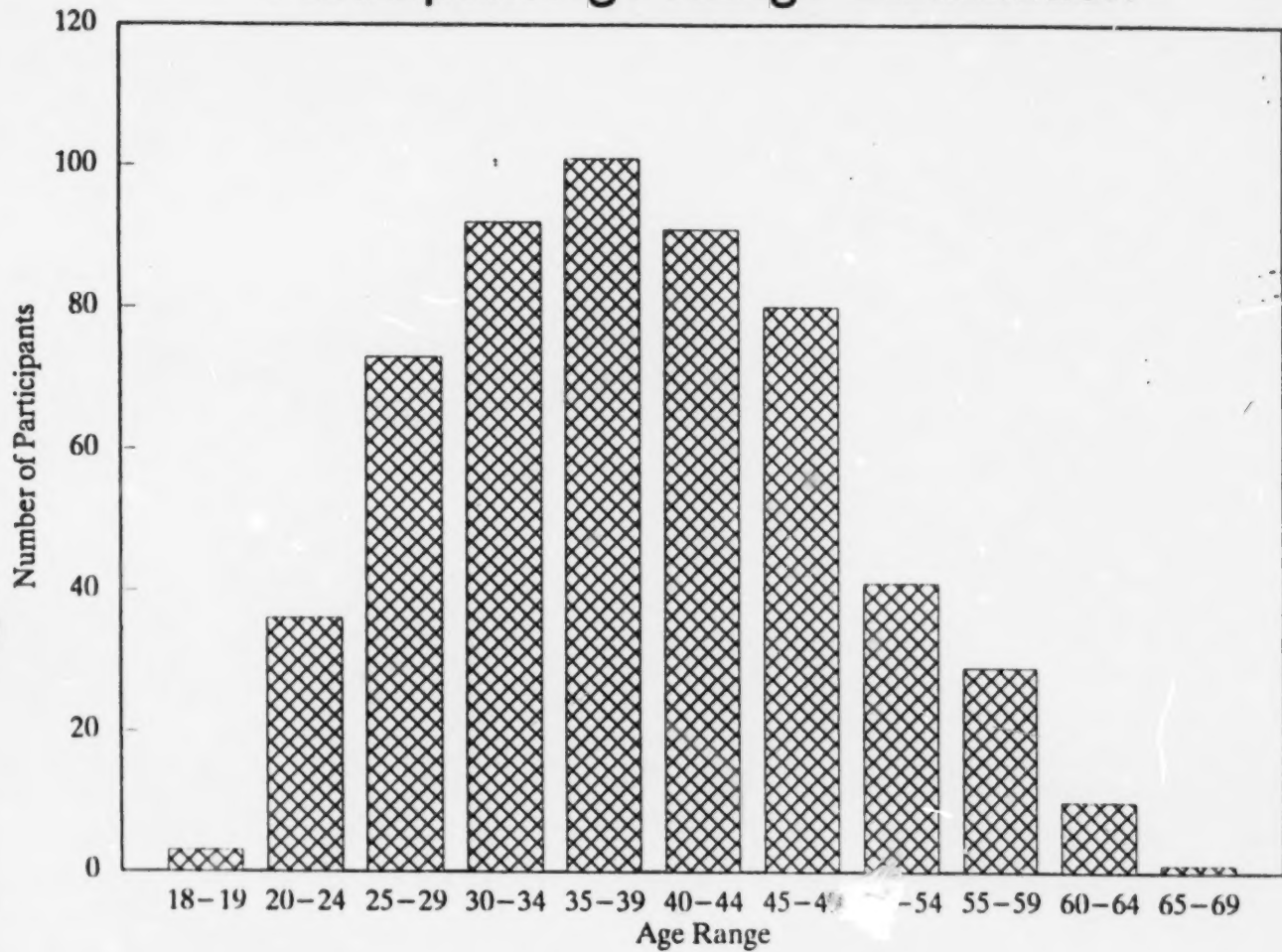
Head of Household?

Yes	No	
99	43	
54	23	
72	33	
62	19	
63	34	
84	27	
12	4	
446	183	629
70.91%	29.09%	

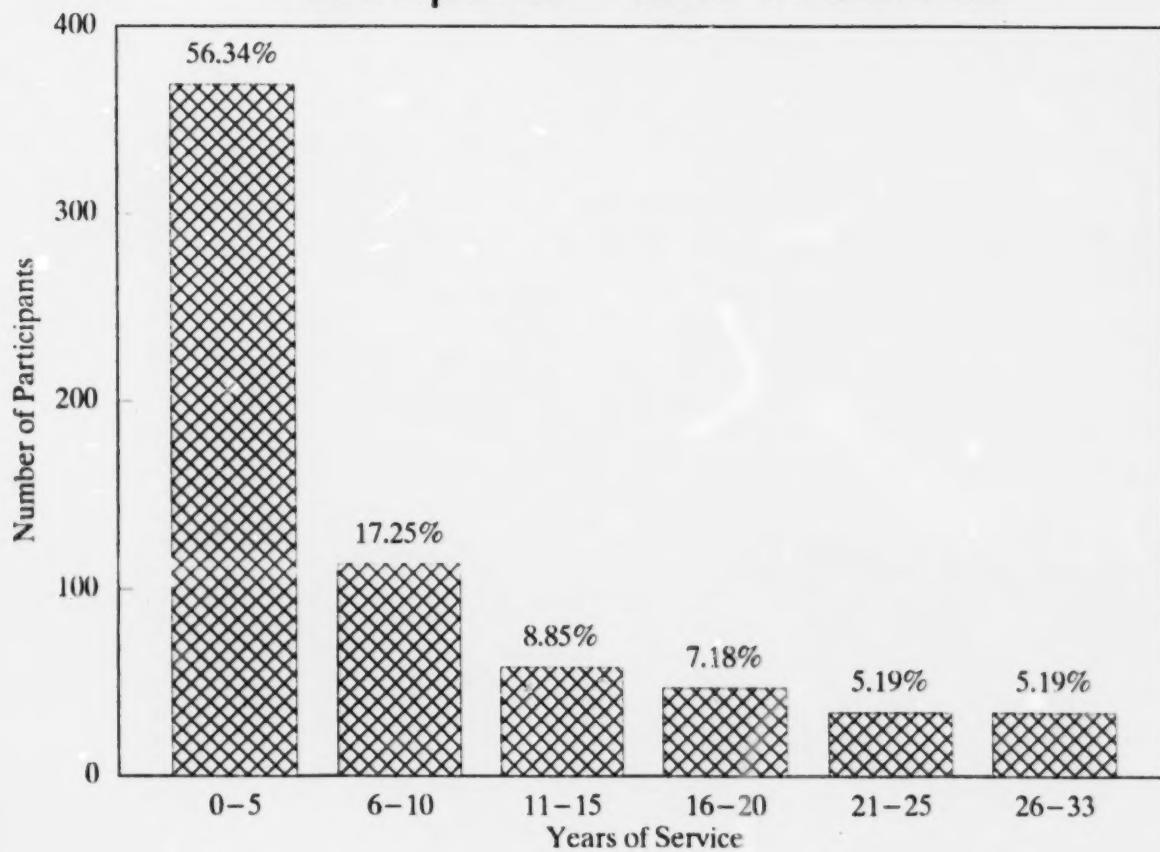
Participant Age Range Distribution



Participant Age Range Distribution



Participants' Years of Service



development utilized was a 12 week session on a specific topic. Among the topics were: Introduction to Medical Terms, Introduction to Business Writing, Math Review, Grammar and Writing Review, Communication, etc. An additional method of curriculum development involved the Workshops presented by the counselor in the program. Students requested special help and the counselor's response was the development of Workshops in: Successful Self-Management, Applying Math Study Skills to Your Job, The Magic of Motivation, and Success Through Note-Taking, Study and Test Taking Skills. Workplace based skills were assessed by Literacy Audit.

Discussion: A Literacy Audit was conducted on each of the targeted positions: Nursing Assistant, Dietary/Salad Prep, Security Guard, Hostess/Dietary, Environmental Services, Maintenance Mechanic I, Stock Clerk (Inventory), Unit or Ward Secretary, Laundry, Patient Escort, and Pharmacy Tech. A chart listing the reading, writing, measurement and numerical, organizational and learning, communication, critical thinking and problem-solving, and knowledge of classroom/workplace expectation skills needed in the targeted occupations is found in the Appendix. This information was given to each instructor in the program to help prepare meaningful curriculum for the participants. Also

provided to each instructor were the job analysis and problem solving scenarios for each occupation which are also found in the Appendix. Copies of each of the workshops are included in the Appendix as well as the curriculum developed for the classes mentioned above. Participation began to lag about March of 1994. At that time students were interviewed to determine what might induce them to attend a class. The outcome of the interviews were the various specific, rather than generic course offerings. Introduction to Medical Terms was really a word attack, vocabulary enhancing course that used words encountered everyday in the workplace. Students attended consistently and were able to apply their learning immediately in the workplace. Many students when interviewed, mentioned they were only interested in Math review. They did not want to do anything else. Collaborative learning extends student understanding, a math only course was tried. This again allowed the students to review basic math skills in an intensive mode with many fellow students doing the same.

4.0 The minimum retention rate of learners will be seventy-five percent.

Outcome: Six hundred and ten out of eight hundred and thirty employees listed on the data base attended at least one session of MHSEP during its 18 month tenure.

Three hundred and forty-four employees (56%) completed one semester and received a certificate. A certificate was received by an employee who attended at least 18 classes during a session.

Fifty-nine employees (17%) completed more than one semester and received a certificate for each semester attended.

Discussion: Retention and absenteeism were inversely proportionate -- the higher the retention rate, the lower the absenteeism. High absenteeism lead to low retention because once participants missed several classes, they often felt that they would be too far behind to catch up to the rest of the class. Even though the teacher and counselor encouraged them to return and assured them that the work was individualized, the participants usually returned for one class and then missed the next, starting the cycle all over again.

Reasons given for absenteeism and dropping the class included:

1. Problems such as child care, illness and family crises
2. Job-related issues such as having a schedule change, working overtime, being laid off, getting a promotion leading to more responsibility, and finding a new job

3. Thinking that the class work is too easy and beneath one's capabilities
4. Deciding to study at home to review math or to prepare for the GED once the book is given out in class
5. Feeling uncomfortable with the teacher's methods and style of teaching (When this is the case, people usually drop out after the first or second class.)

Strategies Used to Retain Students

Calling Absent Students

The best overall strategy to promote retention was to show the employees honest concern for their well being. Calling the absent student was one way to show concern. If students were absent from class two consecutive times without notice, the instructor would call them. If they were absent four consecutive times without notice, the instructor reported their names to the counselor who called them. During the calls the instructor or counselor listened empathetically to the reasons the students gave for not coming and tried to encourage the students to return and/or to find some accommodation for them. If they definitely could not return in the present semester, they were notified for the next semester.

Peer Tutoring Option

At one of the hospital sites students who couldn't attend

classes due to their work schedule were accommodated by connecting them with a peer tutor at their work site. Others were encouraged to work on their own and to come to class when they could. A report on the peer tutoring program will be found in the Appendix. In addition to peer tutoring by volunteers, the counselor in the program arranged to work with participants who for various reasons were unable or unwilling to participate in class. A report on this function will be found in the Appendix.

Classes At Other Hospitals

In some instances students were encouraged to attend classes at a hospital site closer to their homes which might also have more convenient class times for them. Flexibility in meeting the employees' needs promoted retention.

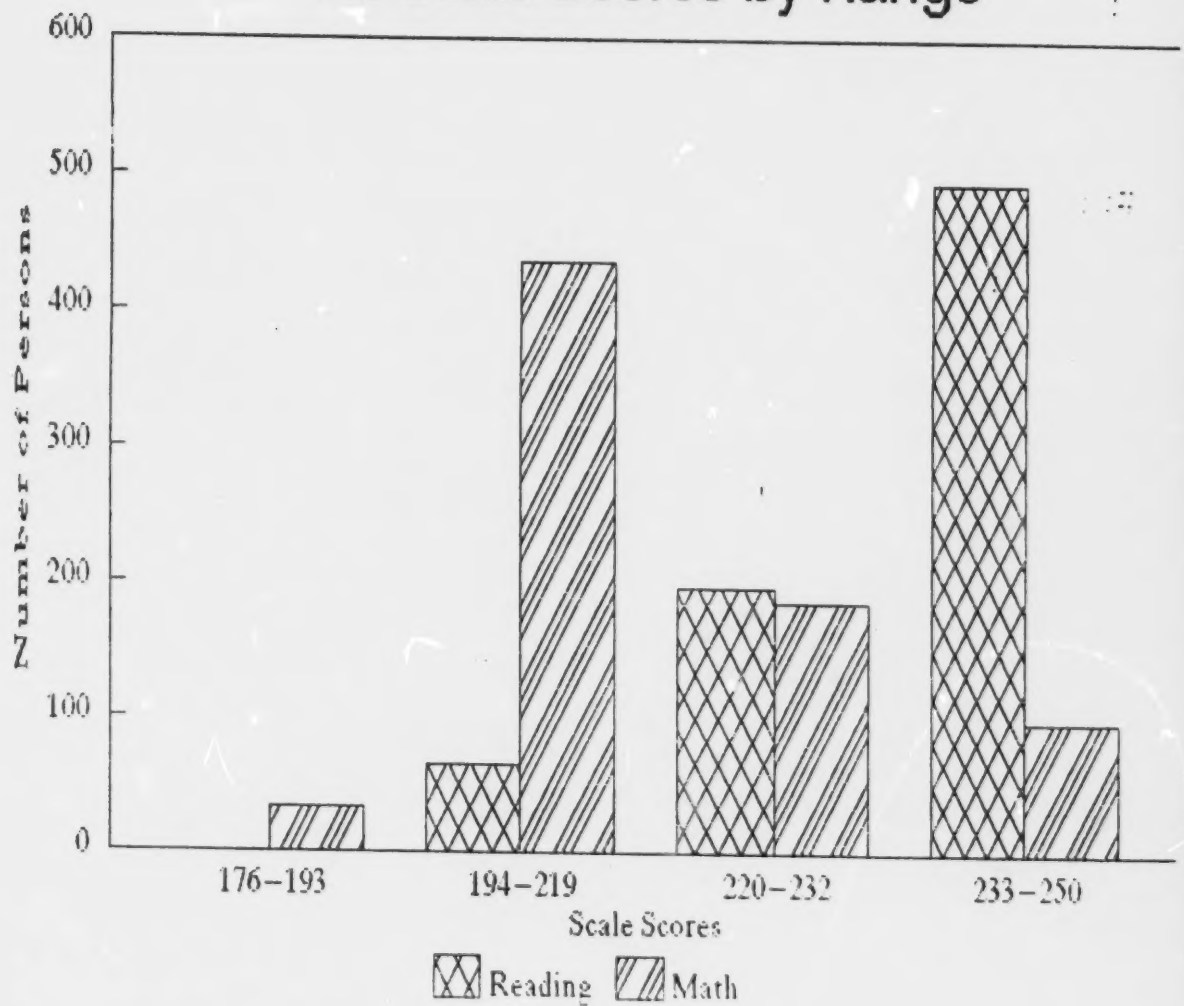
Providing Materials and Information (Interim-Exit Counseling)

Extra materials and information relating to their studies, jobs or careers were given to the students. To build trust, requests were conscientiously followed up and an effort was made to provide accurate information.

Honesty, compassion, understanding, open communication, and flexibility, the basic qualities for the founding of any human relationship, guided the retention effort.

Strategies including frequent student contact and flexible

All Scale Scores by Range



Distribution of Scale Scores (All)

Reading	Number	Math	Number
200	6	176	1
202	3	182	6
205	3	186	4
208	7	190	7
210	3	191	1
212	3	193	13
214	6	196	20
215	2	198	30
216	16	201	28
217	1	202	1
219	14	203	25
221	26	205	34
222	1	207	55
223	29	208	1
224	1	209	42
225	31	210	1
226	1	211	42
227	41	213	33
230	64	215	40
231	1	217	50
233	491	218	1
238	1	219	32
		220	1
		221	43
		223	35
		224	1
		225	2
		226	40
		227	1
		228	34
		230	1
		231	27
		233	1
		234	21
		238	28
		241	1
		242	22
		250	25

751

750

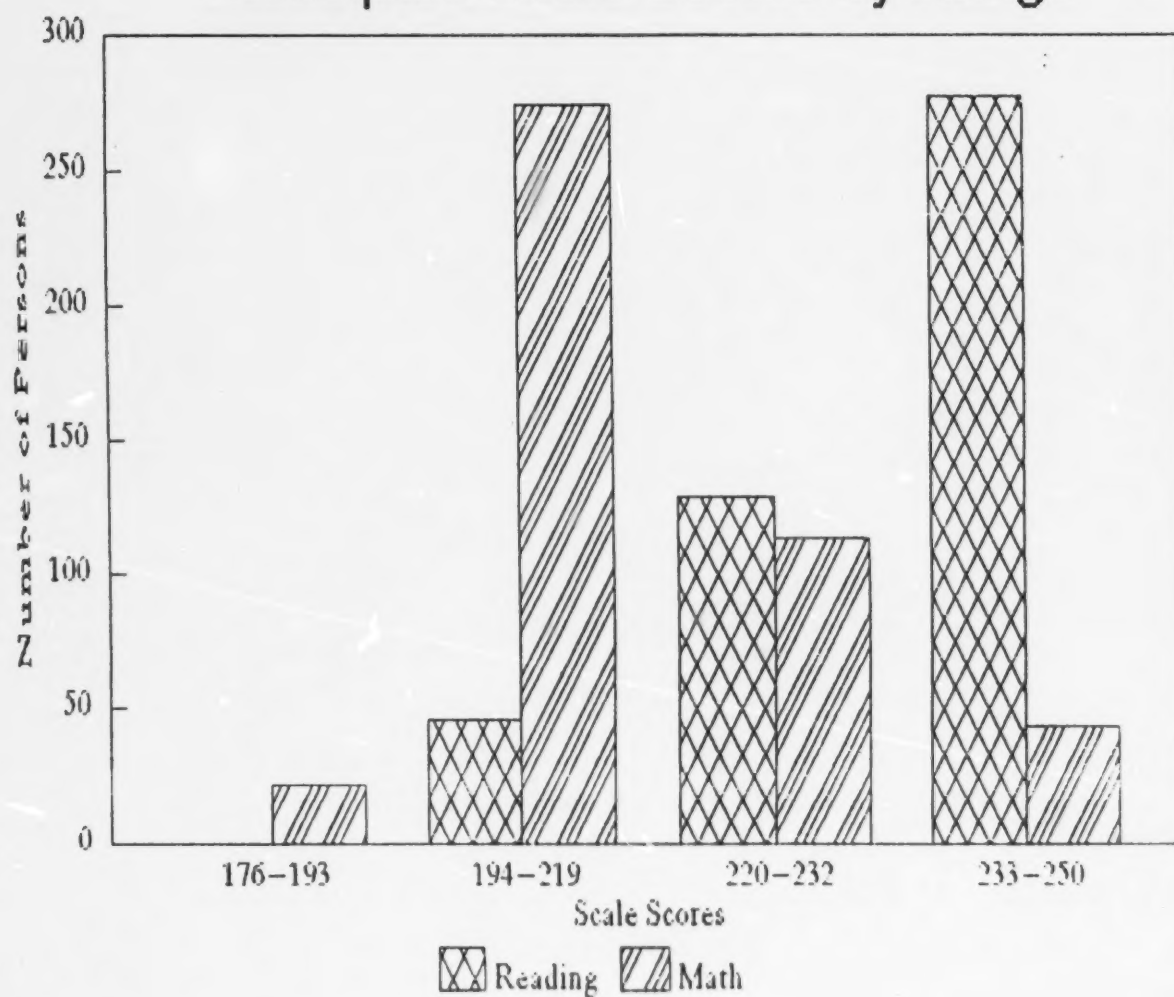
All Scale Scores by Range

Reading	Number	Math	Number
193	0	176-193	32
194-219	64	194-219	435
220-232	195	220-232	185
233-238	492	233-250	98

751

750

Participant Scale Scores by Range



Distribution of Scale Scores (Attendees)

Reading	Number	Math	Number
200	4	176	1
202	2	182	4
208	6	186	1
210	2	190	7
212	3	191	1
214	5	193	7
215	1	196	12
216	11	198	18
219	11	201	18
221	15	202	1
222	1	203	16
223	15	205	23
224	1	207	37
225	25	208	1
226	1	209	23
227	28	210	1
230	42	211	27
231	1	213	19
233	276	215	25
238	1	217	31
		218	1
		219	20
	451	220	1
		221	27
		223	27
		225	2
		226	26
		227	1
		228	20
		231	9
		233	1
		234	14
		238	9
		242	10
		250	9
			450

Participant Scale Scores by Range

Reading	Number	Math	Number
193	0	176-193	21
194-219	45	194-219	273
220-232	129	220-232	113
233-238	277	233-250	43
	451		450

instruction were used to retain students in the program.

5.0 A minimum of 90% of all students will have post-test gains of 5 to 7 points on the CASAS test after completing a course, and the average score on post-tests developed by instructors will be 80%.

Outcome: Forty-nine employees (14% of employees who completed one or more semesters) were both pre and post tested in reading. Their average gain was 4.0 scale points. Nine students advanced three levels. One hundred and one employees (29% of employees who completed one or more semesters) were both pre and post tested in math. Their average gain was 6.8 scale points. Thirty-four students advanced one level, and two students advanced two levels.

Discussion: During the second or third week of class, instructors tested each new participant with a CASAS pre-test in reading and/or math, if the student scored less than 233 in reading and 231 in math or the initial assessment tests. Since students followed various attendance patterns such as attending for one 12 week semester, skipping the next and returning, it was necessary to post test them in less than half the period recommended by CASAS to document progress. CASAS recommends post testing at 100 hours of instruction, but MHSEP students were post tested at 36-40 hours. For those students continuing in the program, instructors used their post test results from the previous semester as the pre-test results in the new semester to eliminate some of the time taken from instruction for testing purposes. Participants voiced opposition to the amount of

testing required. For reporting purposes the counselor looked only at the results of employees who had taken both a pre and post test in math and/or reading. The first pre-test and last post-test were compared to find the number of points gained or lost and whether a change in level had occurred.

The number of employees pre and post tested did not reflect the actual number of people attending classes. Consistency in testing was affected by:

- * late entry of student into class
- * absenteeism
- * students testing out of the highest level (C)
pretest
- * students' high assessment scores: didn't need pre and post testing. 61% of attendees were not required to take pre and post tests in reading because they scored 233 and above, 11% of attendees were not required to take pre and post tests in math because they scored above 231 and above.

Employees who had been in Special Education when they were in school and employees who appeared to have difficulty with learning showed erratic progress. One semester they would make solid gains verified by the testing, but in the next semester they would slide back to a score, perhaps even less than their original pretest. Consequently, their progress was not revealed in this report. For these students the Self-Esteem Survey, Portfolio Assessment and Anecdotal History

were better indicators of their progress than the CASAS test. Employees without these barriers, who came to class regularly and completed one or more semesters, usually made gains.

Workplace Productivity Objectives

- 6.0 There will be a significant increase in job retention of participating employees by August, 1994.**

Outcome: Of the hospitals reporting, employees who participated in MHSEP had a dismissal rate of 6.9% compared to a dismissal rate of 80% among all non-professional hospital employees as reported by the Maryland Hospital Association, prior to the inception of the grant.

Discussion: This information was obtained from the personnel department of the participating hospitals. The names of the students participating in MHSEP were given to each and they were asked to report on the employment status of each employee as of November, 1994.

- 7.0 There will be a significant decrease in absenteeism by August, 1994.**

Outcome: Of the supervisors responding to the Follow Up Survey, it was indicated that 93% of the program participants had to a large extent, maintained an acceptable attendance record.

Discussion: A copy of the Supervisor's Survey results is found in the Appendix. The procedure established for gathering information

consisted of the site coordinator sending each supervisor of a participant a survey for that student. Surveys were to be returned to MHSEP by way of the site coordinator. One drawback in gathering data was the need for confidentiality. This created a situation where the students' names were not on the surveys and data could not be correlated with previous sessions of attendance. Another drawback was the wording of the survey. Nowhere was there an explanation of what was meant by acceptable attendance. Each hospital had a different basis on which to make comparisons, therefore the data reflects site experience.

8.0 Seventy-five percent of the supervisors of participants will report improvement in work habits, job skills, and attitude by August, 1994.

Outcome: Of the supervisors responding to the Follow Up Summary it was indicated that 89.3% of the participants had, to a large extent, shown improvement in work habits, job skills, and attitude.

Discussion: A number of supervisors stated their participants could not be scored on the survey as "improved", because they were at the highest level of performance before participating in class. One way to gather information on attitude was a Self-Esteem Survey given during the first week of class and another given the last week of the session. In this survey, participants showed an increase in self perceived self esteem between the two surveys. The surveys will need

to be re-worked to show a correlation of questions between first and last survey.

VIII. WORKBASED EDUCATION: CHALLENGES AND SOLUTIONS

A. Scheduling demands

Non-professional hospital employees typically work in shifts. Given the fact that some employees finish shifts at 7:00 AM and others finish at 3:00 PM or 11:00 PM, meeting their needs with classes at convenient times becomes a challenge. There were frequently not enough students to form a class either in the very early morning or very late evening. An additional challenge was trying to group students with similar academic needs into classes. As a result, many classes had students with heterogenous academic backgrounds. We found that this was not a significant impediment to instruction, particularly if the class had a prescribed focus, e.g., Math Review, Communications, Grammar/Writing Review, etc. The necessary small group or individual instruction was offered. In other classes, such as Business Writing and Introduction to Medical Terms, students needed to have certain basic skills in place in order to experience success with the course material. These courses were generally offered at prime times during the day so that there were enough employees with adequate skills to form classes.

B. RELEASE TIME FROM JOB

At some hospitals, release time was not practical, because all employees were essential during their entire shift. In such cases, classes were outside of work hours in order to accommodate the hospitals.

In other cases, although employees had an agreement with their supervisors for release time (e.g., a Nursing assistant might leave shift at 2:30 instead of 3:30), there were times when the employee was indispensable on a given day. This was not a rare occurrence, and it accounted for at least some degree of absenteeism.

C. DOWNSIZING, RETENTION AND ENROLLMENT PROBLEMS

Hospitals have recently undertaken considerable downsizing efforts within the timeframe of this grant. Even when the target population was not directly affected by downsizing, employees felt the apprehension of impending job loss or job change. This concern affected attendance because employees were sometimes reluctant to take release time from their jobs, fearing that doing so might adversely affect their job security.

For similar reasons, employees were sometimes reluctant to enroll in class because they did not want to request any favors (release time) when retaining their job was of paramount concern.

Site coordinators frequently addressed these concerns and, in some cases, successfully convinced employees that class attendance would not negatively impact their job. In fact, enrolling in class would show motivation and willingness to learn and improve - certainly a positive factor in job retention.

Site coordinators addressed these enrollment/attendance concerns with aggressive publicity campaigns: flyers, hospital newsletter articles, briefing by MHSEP coordinators to management and employees, etc. In hospitals where site coordinators were more proactive and the overall hospital "job climate" was less threatening, there was greater success with both enrollment and retention.

D. CROSS-TRAINING

A natural outgrowth of the previously addressed downsizing has been the requisite cross-training of retained employees. Whereas a phlebotomist might have drawn blood exclusively in the past, he/she may now be required to do EKG's or perform nursing assistant duties, as needed. Patient transport personnel, who in the past, had to wait for nursing personnel to help patients in and out of the wheelchair, may now be responsible to verify that they have the right patient, understand the patient's physical limitations, and properly assist the patient into the wheelchair, to his destination and return him again to his room and bed.

The very idea of taking on different responsibilities and the required training to prepare for them is intimidating, if not downright frightening for some employees. Workers who have been out of school for 15-20 years, frequently doing the same routine job, cringe at the idea of "going back to school" which may well be the way they view the training being required of them. The MHSEP has been a vital link for employees who need to step back into the education/training arena but don't have the necessary skills to access the level of training being offered by the hospital.

The classes offered by the MHSEP has helped many employees transition from the skills they possess to the skills required to successfully train for redefined positions. The non-traditional, non-threatening environment in the typical MHSEP class has made it easier for employees to willingly and successfully bridge the gap from where they are to where they need and/or want to be. A positive experience here has not only increased skill levels but almost invariably has raised self-esteem and confidence to the point where employees feel ready to meet the challenge of further training and increased responsibility.

E. HOSPITAL VS. EDUCATION PERSPECTIVE

This grant partnership has been enlightening for the partners as well as the student participants. Frequent briefings for hospital staff opened the door to valuable communication between the

hospital and adult education perspectives. Essex staff didn't realize that entrance testing had not been conducted for entry level employees. Hospital management was frequently unaware that basic skills instruction might require more than one session to significantly raise a student's performance level. They also came to realize that having a high school diploma didn't ensure that an employee's skills were at a 12th grade level.

But perhaps even more important than awareness of skills levels, was raising the hospitals' appreciation for the sensitivity of the adult learner, the on-going need for encouragement and impact of recognition for attendance/accomplishment in the class.

The hospitals have been invaluable resources to the MHSEP staff in that they have enlightened us about the needs which have arisen from their cross-training efforts. They have advised us on what types of classes are needed given various job descriptions and training demands. But more importantly the hospitals keep us informed of the "climate" in the hospitals due to downsizing, cross-training, etc.

F. THE LITERACY "BYE" WORD

Most people do not consider themselves to be illiterate nor do they wish to be considered as such. Illiteracy connotes ignorance and shame and literacy classes address the problems of illiteracy. We

found it advantageous to sidestep this terminology altogether. Even reference to "basic" skills classes is best avoided as employees do not wish to announce their need for basic skills by enrolling in a basic skills class. Feedback from program participants indicates that adult students prefer, specific courses sans the "literacy" or "basic" label attached. For instance "Math Review" is much easier to admit a need for than basic math, although the same skills may well be addressed in both. Most adults, no matter what their job, will usually willingly express a need for a review or refresher course in math. From this input, we are careful to label courses with unoffensive titles so that potential students find the classes more emotionally acceptable. In keeping with this finding, classes offered during the final sessions of this grant included: Math Review, Grammar/Writing Review, Introduction to Medical Terms, Introduction to Business Writing, Communications and General Skills Review.

IX. DISSEMINATION PRACTICES

Attending and presenting at professional conferences, and networking with other literacy agencies were some of the dissemination practices the program coordinator and staff participated in.

The League for Innovation in the Community College held a conference entitled "Community Colleges and Business and Industry: Partners In Developing A Quality Work Force", January 30 - February 2, 1994 in New Orleans, LA. A presentation on the MHSEP was given. The material presented concerned the use of portfolio assessment as a tool in the adult education class. The experiences of MHSEP in implementing portfolio assessment were shared with conference participants.

The staff of MHSEP participated in conferences presented in the State of Maryland such as: DEEM, MAACE, and Literacy Works meetings, where the MHSEP was discussed and ideas exchanged with other workplace literacy programs.

DEEM, Developmental Education Association of Maryland, afforded the administrative staff of MHSEP an opportunity to interact and explain the program to community college instructors involved in the remediation of basic skills for adults seeking entry into the community college. The students in MHSEP would be better helped in the community college setting when the developmental instructors were aware of the experiences the prospective college students had in the

MHSEP.

MAACE, Maryland Association of Adult and Community Education, offered a forum for the MHSEP administrators to exchange ideas concerning workplace education programs operating in the state of Maryland. This association also presented an opportunity for the instructors in the MHSEP to expand their professional base of information concerning adult education practices and insight into new initiatives in the field of work based education.

Literacy Works is a Maryland state initiative to bring together all literacy providers in a given political jurisdiction. The Literacy Works group of Baltimore County was the forum for MHSEP dissemination of information. This network of providers allowed the easy transition of students from one program to another,-- the point being to provide the most appropriate service for the student. The value of participation involved the placement of students from MHSEP into the individual tutoring program of another provider when the time and resources were not available in the hospital setting. The forum also allowed for students in other programs who were hospital employees easy access to MHSEP with the support of the program they were involved with.

This dissemination report will be sent to ERIC's literacy clearinghouse. Curriculum developed will be sent to two agencies that have requested the same, one from Texas and the other from Georgia. Any other information requested will be sent upon request.

SUPERVISOR FOLLOW-UP SURVEY

Supervisor's Name: _____

Dept.: _____

Participant's Job Title: _____

Date: _____

As a workplace supervisor, you can provide valuable information periodically regarding this person's job readiness. Please read the following list and check mark in the square that best describes how you feel. If the question is not applicable, please leave blank.

		Not At All	Some What	To A Large Extent
I.	Since being enrolled in MHSEP:			
1	Is employee punctual in arriving to work?	4%	14%	81%
2	Does employee attend work when scheduled or notify supervisor in advance of absence?	3%	7%	88%
3	Does employee leave early from work?	84%	13%	2%
4	Does employee maintain an acceptable attendance record?	5%	7%	86%
II.	Have you noticed Improvement in:			
1	Employee following directions (oral/written)?	6%	30%	62%
2	Work Quality?	9%	36%	53%
3	Completing tasks/assignments on time?	8%	34%	56%
4	Working effectively without supervision?	9%	25%	65%
5	Computer/keyboard skills (time clock)?	16%	32%	51%
6	Resolving work related problems?	9%	48%	42%
III.	Does employee demonstrate positive attitudes/behaviors by:			
1	Showing self-confidence?	2%	36%	61%
2	Demonstrating reliability and dependability?	6%	31%	62%
3	Adapting to changes at work (flexibility)?	10%	35%	54%
4	Participating in meetings?	11%	34%	53%
IV.	Have you noticed improved interpersonal relations of participants by:			
1	Cooperating with co-workers?	8%	39%	52%
2	Reacting appropriately to direction and criticism?	14%	40%	44%
3	Lower number of complaints?	20%	39%	40%

APPENDIX

SUPERVISOR FOLLOW-UP SURVEY

		Not At All	Some What	To A Large Extent
V.	Does employee show safety awareness by:			
1	Having less accidents?	13%	13%	73
2	Wearing proper protective gear?	13%	16%	69%
3	Understanding and practicing safe working practices?	7%	24%	68%
VI.	Would you recommend:			
1	This employee for a higher level job?	19%	46%	33%
2	Other employees?	5%	52%	42%
VII.	Comments:			

COMMENTS FROM SUPERVISOR SURVEYS

Mrs. was always a dedicated employee

---- cannot seem to organize, prioritize, and follow through. I don't know if a course would make a difference. This is a personal problem this employee can't seem to get a handle on.

Employee was very good to start with. She has improved her self-confidence and some knowledge.

-----is more cooperative with her peers and the line staff that provides direction and guidance.

Employee is very disruptive. Employee who is constantly causing tension in the cafeteria. She fails to stay in her work and complete her assigned tasks.

Very little variance in performance since MHSEP

Most of the items evaluated were not impacted by attendance at MHSEP

Employee definitely needs to work on positive behaviors and attitudes.

Communication class has helped to progress in open communication. Less afraid to get involved because people/employees can not understand her. She is making an effort to get involved.

Flexibility was one of his weaknesses. He is learning how being flexible can help in getting the things you need done completed.

Had already performed very well in not at all answer.

This is the best thing that has ever happened to -----.

This program is an asset to the hospital.

---- has always been an excellent willing worker and that has not changed. I really can't say that I have seen any kind of improvement or difference due to this program.

I would encourage ---- to continue with increasing her knowledge base although there has been some improvement there is room for more.

Employee is much less rigid and more open to opinions, she is much more adaptable to suggestions.

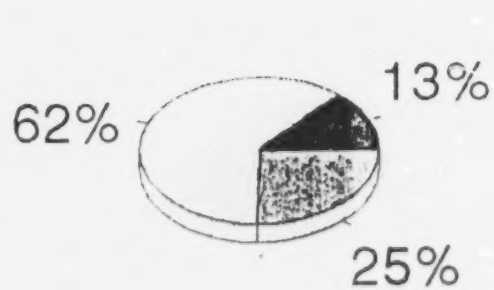
Somewhat of an improvement in interpersonal relationships

----;has always been an exceptional worker. Attendance is excellent. Have noted a bit more self-confidence.

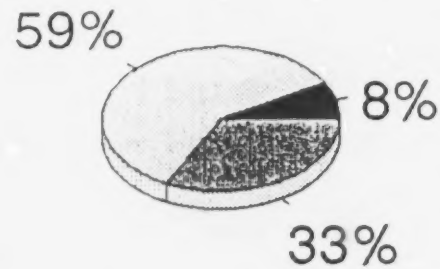
-----is very reliable, conscientious worker. Have noted some improvement, shows genuine interest in the class and applying it to her job.

The skills enhancement program has given her more self-confidence in performing her job.

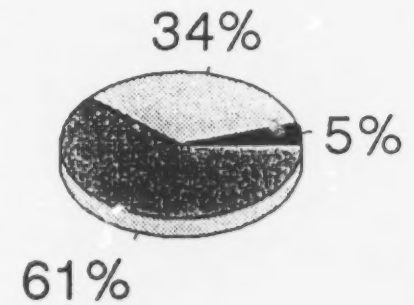
INITIAL SELF-ESTEEM INVENTORY



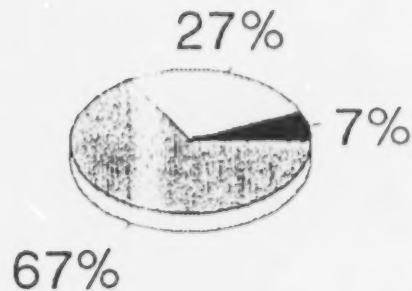
QUESTION 1



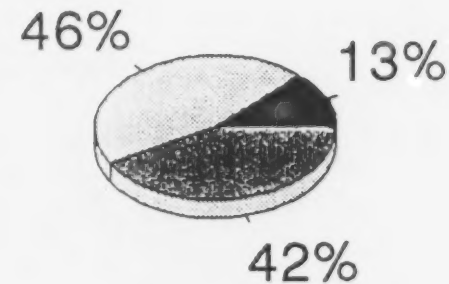
QUESTION 2



QUESTION 3



QUESTION 4



QUESTION 5

NAME: _____

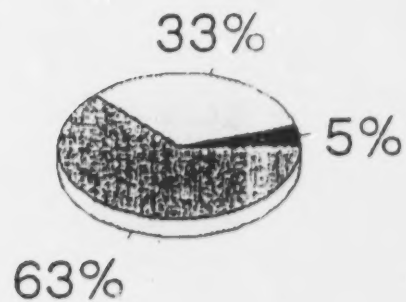
INITIAL SELF-ASSESSMENT INVENTORY FOR MHSEP PARTICIPANTS

Directions: Answer the questions so that we may compare your answers to the inventory you will take when you complete the course.

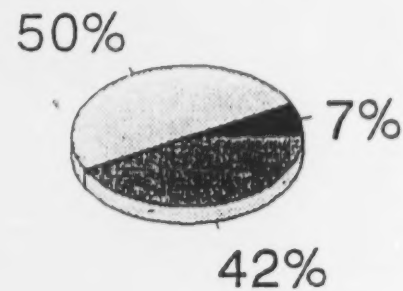
1. I judge my self-esteem as
 - a. low
 - b. average
 - c. high
2. My ability to use work documents can be rated:
 - a. low
 - b. average
 - c. high
3. I feel that my attitude toward my job is
 - a. poor
 - b. average
 - c. very good
4. My ability to learn new technology/tasks on the job is
 - a. fair
 - b. average
 - c. very good
5. My confidence as a learner, I rate as
 - a. fair
 - b. average
 - c. high

[isai]

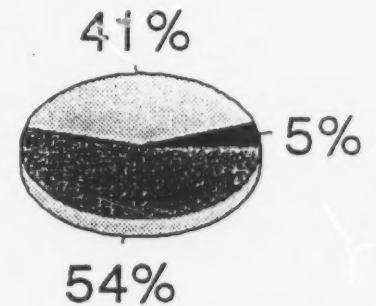
FINAL SELF-ESTEEM INVENTORY



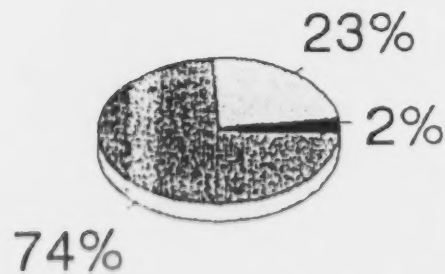
QUESTION 1



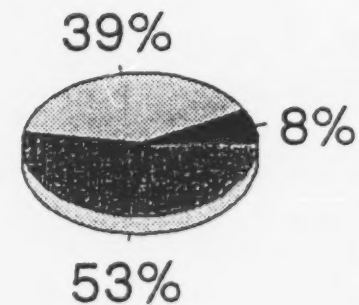
QUESTION 2



QUESTION 3



QUESTION 4



QUESTION 5

 NOT AT ALL
  SOMEWHAT
  DEFINITELY

NAME: _____ SITE: _____
CLASS: _____ INSTRUCTOR: _____
DATE: _____

FINAL SELF-ASSESSMENT INVENTORY FOR MHSEP PARTICIPANTS

DIRECTION: Answer the following questions so that we can determine how you have benefited from the program.

1. My self-esteem has increased because of my participation in the program.
 - a. not at all
 - b. somewhat
 - c. definitely
2. I feel I can easily learn the new program/software implemented on the job, because of my exposure to skill instructions.
 - a. not at all
 - b. somewhat
 - c. definitely
3. Participating in MHSEP has helped me to feel more confident as a worker.
 - a. not at all
 - b. somewhat
 - c. definitely
4. Participating in MHSEP has helped me to feel more confident as a learner.
 - a. not at all
 - b. somewhat
 - c. definitely
5. I feel I have improved in communicating with coworkers and supervisors since participating in MHSEP:
 - a. not at all
 - b. somewhat
 - c. definitely

WHAT SKILLS OR INFORMATION FROM THE CLASS DIRECTLY AFFECTED YOUR
P E R F O R M A N C E O N T H E J O B ? E X P L A I N

ST. AGNES "SUCCESS" STORIES

Rehabilitation Assistant in the MHSEP program 1993-94 is now a participant in the LINC program. She is attending the Community College of Baltimore in the Physical Therapy Assistant curriculum. Her participation in the MHSEP prepared her for this program, which is very competitive and only takes two employees per year (one for Nursing and one for Physical/Occupational Therapy Assistant).

Food Service Worker in the MHSEP program 1993-94 is now working full time as a Patient Escort. He now attends an area community college during the day while working in the evenings.

Security Officer in the MHSEP program 1993-94 was promoted to Senior Security Officer as a result of success in the program.

Pass Desk Clerk in the MHSEP program 1993-94, and also in the introductory medical terminology class, was recently promoted to a full-time Clerk II in Medical Records.

Phlebotomist in the MHSEP program 1993-94 was promoted to Phlebotomy Supervisor in 1994.

Housekeeper in the MHSEP program 1993-94 was promoted to Pharmacy Technician in 1994.



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PUBLICITY

Maryland Hospital Association • 1301 York Road • Suite 800 • Lutherville, MD 21093-0067

Back to Basics: A Report on Literacy Problems and Programs in the Health Care Workplace

Prepared by the Maryland Hospital Association's Center for Nursing and Allied Health Careers

June 1992

Dear Colleagues:

The gift of literacy is one which is taken for granted by many. However, the inability to read is a barrier to functional communication, to personal pride and self-confidence, and ultimately, to success in the workplace. Illiteracy should not exist in a nation where billions of dollars are spent on education, but it does. It transcends social, economic, and ethnic boundaries. We must take definitive action to attack it, and do so without delay.

It is in hospitals' best interests to support organized literacy programs in the work environment. The retention and advancement of an educated, motivated workforce should be one of our principal priorities.

This report has been prepared by MHA's Center for Nursing and Allied Health Careers. It offers a useful point of reference for consideration of a literacy program in your hospital.

Without a doubt, there are many issues for you to address in health care, let alone the educational system. However, it is my hope that you will be interested in this educational issue. Please consider supporting the literacy programs outlined in this report.

Sincerely,

Cal Pierson

Calvin M. Pierson
President

ILLITERACY IS LIABILITY

Soon after switching food providers, Claess Maass Medical Center in Newark, New Jersey began to have problems with diabetic patients receiving sugar and cardiac patients receiving salt on their trays. Management found the difficulty was not the new food provider, but employees who could not read the new instructions. The employees had memorized the old menu where a check four lines down meant leave out salt. They guessed what the new menu said rather than admit they couldn't read. This situation is not unusual. We are facing some alarming facts:

According to the Business Council for Effective Literacy, one out of eight U.S. employees reads at or below a fourth grade level. Other sources provide the following sobering statistics:

One out of three potential employees can't read, write, or reason well enough to compete in today's economy.

According to Arnold Packer, coauthor of *Workforce 2000*, only nine percent of today's 21-24 year-olds have the skills that will be required by 98 percent of tomorrow's 26 million new jobs.

Eighty-five percent of the net new workers will be women, recent immigrants, or minorities. Many of these groups have typically received little education or training.

Twenty-three percent of all adult females have severely limited literacy skills as opposed to 17 percent of men.

The skills gap costs the business community an estimated \$25 billion to \$30 billion annually in low productivity, workplace accidents, absenteeism, poor product quality, and lost managerial and supervisory time.

Only 3.2 percent of all high school graduates can orally interpret distinctions between types of employee benefits.

WHAT IS LITERACY

The literacy standard used a century ago was the ability to sign one's name. This standard has been extensively updated through the years. Although there is still no single agreed-upon definition of literacy, the National Literacy Act of 1991 defines literacy as "an individual's ability to read, write, and speak in English, and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one's goals and develop one's knowledge and potential." There are three basic divisions of literacy: **prose** - the ability to read newspaper articles, magazines and books, **document** - being able to identify and use information in documents such as forms, tables, charts and indexes and **quantitative** - applying numerical operations to information contained in print material such as menus, checkbooks, or advertisements. Most jobs require document literacy, but all three are necessary for a fully productive employee.

SAVINGS IN THE LONG RUN

In recent years, recruitment and retention of hospital employees has become increasingly difficult. Labor analysts accurately predicted that in the 1990s there would not be enough qualified candidates to fill hospital positions in housekeeping, security, and data processing. The Business Council for Effective Literacy asserts: recruiting and retaining qualified staff has become a major challenge to health care providers today. Not only are there shortages of nurses and other highly skilled workers, but the literacy demands of lower-level jobs are increasing, often outstripping the skills of the work force.

The high cost of recruiting and training new employees makes it more cost-efficient to retain and increase the skills of the current employees. Since 85 percent of the work force of the year 2000 is already working, literacy improvement must come from within the work force. Hospitals that have implemented workplace literacy programs have found that morale, job performance, loyalty, and self-esteem improve. The program also reflects positively on the employer and creates a better work force.

Entry-level staff are those hardest hit by the literacy problem and also those that come in closer contact with patients. These employees must be able to communicate clearly with the patients, carry out instructions for administering care, operate constantly updated equipment, and follow strict guidelines regarding patients' diets. In some cases employees are unable to perform tasks adequately with their current skill levels. In addition, with the great volume of reading material resulting from new health hazards such as AIDS and drug abuse, health care workers must be able to read well enough to effectively operate in the demanding health field.

QUALITY IN THE SHORT TERM

Those who have implemented programs realized tremendous benefits. Of those Maryland hospitals that have started programs, none are considering dropping them. In addition, the Small Business Administration performed a study on 18 workplace programs throughout the country. Every one of these businesses said they would be willing to conduct them again and most said they would increase the program size and invest more money in them. This is a strong mark of success.

Ed Haugabrook, vice-president of general services for Tallahassee Memorial Regional Medical Center, helped to begin a literacy and GED program called "People in Progress." He says of this effort, "I see a whole lot of improvement in self-esteem in those in the classes. Even dressing and grooming have improved. And it's reduced turnover."

Increased morale, better job performance and teamwork, improved work quality, and workplace loyalty are benefits cited by others. One Arlington, Virginia hotel that implemented a program decreased their turnover rate from 45 percent to only 18 percent after starting a literacy program. Such efforts also show that the employer cares about his or her employees.

The American Society for Training and Development reveals that over time, employers reap productivity increases more than twice as high as increased payroll rates. Workplace literacy programs teach employees not only how to read and write, but also how to learn more easily and quickly. Improved learning ability on the job should result in cost savings through a reduction in training time. Also, once success has been achieved, confidence levels increase and employees are more likely to continue learning on their own.

DESIGNING THE RIGHT PROGRAM

Every workplace is different and therefore, every successful workplace program will be unique. However, there are five basic steps used to develop a literacy program: a) assess needs, b) plan properly, c) enroll employees, d) implement, and e) evaluate. The most important aspect of development is making sure adequate consideration is placed on planning so that the unique characteristics of a workplace are addressed. Planning can be frustrating when trying to get something started, but without it the best-funded and best-intentioned program will fail. Following these steps will help ensure success:

A. Assess Needs

A literacy audit should be completed so the program is tailored to meet the specific needs of the hospital workplace. The audit should include evaluation of management and workers' needs, problems, and goals. One way to begin is to address management. Find out what standards aren't being

met, what changes would be expected from a program, what skills are required for certain jobs, and how many employees they think need help. Logistics of the program must also be considered. Some questions to ask are:

- What departments might be willing to become involved?
- Is the hospital willing to assign staff to help employees?
- Is the management willing to allow employees to leave their jobs to attend class?
- Is there space available?
- Will the program involve released time — how much time?
- Will the employee be paid for the released time?
- How will the program affect attitudes and productivity?
- What will be the cost? What funding is available?
- Will the company assume costs not covered by outside funding?

The second part of internal analysis targets more specifically the needs of the employees. Information is collected through observation, analysis of written job materials, and interviews with employees and supervisors. Ask employees what they think is needed and what they would be able to use. Ask questions about transportation needs, the feasibility of staying beyond their shift for class, and any problems they would encounter such as child care. It is important at this stage to stress that the program is confidential and solely for the benefit of the employee. Reassure workers that interview results and test scores will not be shared with supervisors and their jobs will not be in jeopardy. Emphasize that the program is being started because the employer values the employee and wants to help.

A successful program must have full support from managerial staff. Meet with department heads beforehand to discuss the best time to hold classes and to resolve any potential problems. Students who feel they are supported by managers are more likely to finish the program. *Visual* support from management is important.

Testing can also be done as part of the organization's literacy assessment. Tests should be offered, on a voluntary basis, to those interested in the program as a way of placing them in a class for their proper level of learning. Mandatory testing is discouraged since it creates a feeling of anxiety and begins the program with a negative atmosphere. Several publishers offer inexpensive and easy-to-administer tests for literacy; see the resources section of this report.

The completed literacy audit should indicate what type of program is needed. There are four common types of programs and some of these overlap one another:

Basic skills: teaches remedial reading and math, problem solving and life skills at different levels

English as a Second Language (ESL or ESOL): teaches English and basic skills to foreign employees who have limited English skills

GED (high school equivalency): assists employees in gaining skills and knowledge necessary for them to take the GED (high school equivalency) exam

Workplace Specific: teaches specific skills that are lacking in the work force such as completing a specific form. Usually involves teaching basic skills while learning the specific skills needed.

B. Plan the Proper Program

Using the literacy audit, a program can be developed to fit a hospital's specific need. It is important that the program fit the employees' requirements since employees will drop out of a program that does not target their needs. Depending on the type and quantity of need expressed, a general literacy program or a workplace specific program can be developed.

General Literacy: A general literacy program focuses on basic skills without specifically linking them to the workplace. This type of program is less directly beneficial to the employer but it still has admirable benefits for both the employer and employee. It is suitable when there are very few students that need help. The easiest way to provide this program is to contact local literacy programs and refer employees to the program. Transportation assistance and time off for class encourage employees to participate. Using college professors or literacy tutors on-site is also a viable method.

Employers who do not wish to design a program themselves can use an educational provider (community colleges and commercial programs are examples). Here are a few questions to ask educational providers:

- What is their experience with a hospital setting?
- Would they agree to a pilot?
- What are the specific elements of the program and cost?
- Would they assess skills training needs of employees and design a program to meet those needs?
- Would they customize the curriculum for a particular job or employee?
- How would they evaluate the program?
- What are their responsibilities and what are yours?
- How are the instructors selected, trained, and supervised?
- What will the employees be able to do at the end of the program?

Workplace Specific Program: A workplace specific program uses workplace specific materials to teach the class. Studies have shown that adult learners are more likely to succeed if the instruction includes direct application of work related problems, and vocabulary and references are drawn from the actual work setting. The benefit to the employee is

also more direct since employees are learning skills specifically related to the workplace. Robert Norris, director of program development for the Consortium for Worker Education in New York City asserts, "Talk about what's relevant between the employee and the employer. Know what the workplace language really is. Listen to the Hispanic nurses' aides: they'll tell you what they need to do their job. They want to read the x-ray manual or a doctor's orders." Teach reading using a manual the orderly typically uses. Teach math using the instructions for measuring given to food preparers. Teach writing simulating a written report a nursing assistant would prepare.

A workplace specific program is most effective on-site because of convenience. Again, teachers from local literacy centers or colleges can be used. Computers or volunteer employee tutors can be used to supplement the teachers. The most effective format offers both a group setting and individual tutoring. This allows employees afraid of a class situation to learn one-on-one. Joining up with another hospital or becoming a pilot program can decrease costs.

C. Enroll Employees in the Program

A fundamental element in encouraging employees to sign up is making the program stigma free and confidential. People who cannot read are embarrassed about their literacy problem and do not want other employees to find out about it. Instead of using the word literacy, names like "People in Progress" or "Learn More, Be More" tell employees that learning is a way to improve themselves. Focus on building from what they do know, rather than overcoming what they don't. It brings pride to some students to call the classes college courses.

Employees are sometimes afraid of admitting they have a literacy problem because they are afraid that they might lose their job. Remind employees that the program is being offered because the employer wants to help and that all class rosters, test scores, etc. will be kept confidential.

Successful programs usually share the costs with the employee. If a program is offered twice a week for two hours each session, the hospital offers paid time off for two of the hours and the employee uses personal time for the other two. The hospital also pays for the teacher and materials. The employee is more likely to sign up and complete the program if he/she knows that it is supported by management.

Marketing the program should be done using several methods and it may be necessary to use several different languages. Fliers, pamphlets with registration cards, meetings with individual departments, hospital newspapers or TV stations, notices in paychecks or managers informing their employees personally will all get the word out. However, some type of oral promotion is a must since the target

audience has limited reading ability. Once employees see their coworkers benefiting, others will come forward.

It is also a good idea to identify a contact person for the program, someone employees can talk with confidentially about their personal apprehensions.

D. Implement and Evaluate

With proper planning, the program should run smoothly. However, there may be some problems. The contact person should listen to students', managers', and teachers' views on improvement.

After the program has been completed, the same assessments used in the literacy audit can help review the program's progress. Using both the post-literacy audit and suggestions made during the program, design a program for the next session. Find out what new thrusts are needed and how improvements can be made to existing materials.

WHO PAYS THE BILL?

There are several grants and organizations that can help decrease costs for a workplace literacy program. The **Federal Department of Education** offers yearly grants to workplace literacy programs. Grants require a demonstration project that teaches literacy skills needed in the workplace. The project must be built on a partnership between business, industry, or labor organizations and educational organizations. There are an estimated 70 awards given each year with an average size of \$275,014. The application package and further criteria (which changes little year to year) can be found in Volume 56 No. 107 of the *Federal Register*.

Many commercial and local resources are willing to set up pilot projects for a reduced rate. Commercial resources will sometimes offer trial programs of new materials in exchange for a report on how well the materials worked. Consider the **labor unions** to which employees belong; many offer literacy classes for their members or will subsidize a hospital run program that benefits them. **Community colleges and local literacy organizations** also offer inexpensive methods of initiating and running a program.

GETTING STARTED

The information outlined in this report can provide hospitals with a starting point for analyzing their own literacy needs and designing appropriate programs. But there's no need to reinvent the wheel in the process. Many fine programs already exist to help employers coordinate the most suitable approach for their workplace, region and type of employees. The next few pages contain lists of some of these programs — county projects, commercial resources, as well as articles, books, and the reference materials used to compile this report.

COUNTY LITERACY PROGRAMS

Allegany County

Allegany County Literacy Council
Ruth Webster 301-722-3653

Anne Arundel County

Anne Arundel County Literacy Council
Nancy Mocarsky: 410-553-0809

Baltimore City/County

- Baltimore County Literacy Works; Sandra Newman: 410-887-2001; connects hospital with local resource that best fits their needs.
- Baltimore Reading Aides: 410-435-7188; teaches adults how to read in a one-on-one situation. Will train employee volunteers.
- Baltimore Reads, Inc.; Lara A. Hall or Maggi Gaines: 410-752-3595 or HOTLINE 576-READ; central support agency for Baltimore City. Refers hotline callers to agencies that handle basic skills and literacy.
- Baltimore Urban League: 410-727-4812; learner must be underemployed or unemployed worker referred by Manpower. Offers office procedures, Word Perfect 5.0, Lotus 123, Dbase, clerical skills, medical and legal terminology.
- Franciscan Center; Sister Delia Spitznagel: 410-467-5340 Teaches reading, math and life skills at the beginning level.
- Learning Bank: 410-659-5452; Adult Basic Education (ABE) and pre-GED, math and reading are taught.
- Manpower: 410-523-1060; employees or applicants will be placed in a program that serves that individual's needs.

Calvert, Charles and St. Mary's Counties

Tri-County Literacy Coordinator: 301-934-9442
Individual literacy offices can be reached at:

Calvert County:	410-535-3233
Charles:	301-934-9494
St. Mary's:	301-475-8222

Carroll County

Marian Carr: 410-848-6506 (Literacy Council)
Larry Norris: 410-848-6272 (Alternative Programs)

Cecil County

410-287-6060; Community college offers classes.

Frederick County

Literacy Council of Frederick County
Betty Selegmann: 301-694-2066

Garrett County

Oakland Center of the GCC
Patricia Baer: 301-334-8304

Harford County

Harford County Community College
Judy Conway: 410-836-4160

Ken County

Adult Continuing Education (ACE): 410-778-7130

Montgomery County

Marita L. Almquist: 301-942-9292

Prince George's County

Joyce E. Charles: 301-864-6107

Somerset County

Multi-Service Community Center: 410-651-3489

Talbot County

- Literacy Coordinator, Pat Allen: 410-822-1626
- Dept. of Education, GED program: 410-822-0330

Wicomico County

Sam Prillaman: 410-543-4293

Worcester County

Alta Weiss: 410-632-2582

Washington County

Adult Education Center, Benita Myer: 301-791-4279

QUICK TIPS FOR SUCCESS

- Use hospital terminology and materials to teach the classes.
- Make the courses stigma-free. Emphasize greater skills and income resulting from courses. Give the program a positive name such as "People in Progress."
- Make the course accessible. Use convenient times and places and make the courses free.
- Let adult learners make decisions about how they will be taught. Adult learners are different than children and like to take an active part in deciding the curriculum.
- Use local literacy programs. They are less expensive and have experience teaching adults.
- Use trained volunteers from your staff to supplement the program. Local literacy groups will help train volunteers.
- Support community efforts to increase literacy skills.
- Work with local schools to aid them in teaching hospital specific skills.
- Teach life and social skills along with literacy. These skills give the maturity needed for success.
- Recognize and congratulate the graduates. This makes the graduates proud and inspires others.

COMMERCIAL RESOURCES

Available commercial resources fall into three types: books, software, and consultation. Books are a reliable source and will not outdate quickly. Software teaches computer familiarity and basic skills simultaneously; it also can be customized to the students' needs and allow them to work when they have time. However, the constant change in software makes updating a little difficult. Professional program assistance can be beneficial to a company that has never started a program, but this type of program is usually more expensive.

Some points to keep in mind while searching: 1) don't discredit materials designed for children - some can be customized for adults; 2) ask for a preview copy to see if the materials fit your needs before investing; and, 3) when buying software, make sure it is compatible with the computer system that will be available. Call the company to request a catalog and current prices. The following three resources are examples of the kinds of commercial programs available:

National Alliance of Business; Brenda Bell 202-289-2888; The National Alliance of Business personally assists companies in custom-designing literacy and basic skills programs for their employees. For those whom would rather do it own their own, they also offer decision making guides and workbooks for program developers. This decision making guide helps calculate the costs and benefits of developing workplace literacy programs. Their workbook leads you step-by-step in developing a specially tailored workplace literacy program to meet the needs of your hospital.

BASE Basic Academic Skills for Employment Educational Technologies, Gary Robert 1-800-882-4384; "Computerized remediation system anchored to employment and training which links over 12,000 specific job titles to 254 academic skills (reading, writing, language, and math). The system is based on a five step approach of pre-test, prescription, instruction, reporting, and post-test. BASE is totally open-entry/open-exit and requires no computer literacy." The student selects the job they want to be qualified for, takes a pre-test, and then works through lessons that help him achieve the goal. When the student finishes the program, he should be qualified for an entry-level position of the selected job.

The cost is \$7,000 for first software license (can copy as many times as one wishes within that building), \$5,000 for 2-5th and \$3,500 for 6-13th and so on. Hospitals in Maryland would get discount based on how many in Maryland bought.

ETS Tests of Applied Literacy Skills; Simon & Schuster, 1-800-395-7042; Test booklets that test proficiency levels in document, prose and quantitative literacy (mentioned above in report). Uses open-ended tasks to eliminate guessing and use real world content and life skills appropriate for adults. Can help in determining a hospital's literacy

needs or placing students in the proper class. Cost is \$17.50 for a 10 pack of one type of test (prose, document, or quantitative), \$5.25 for one test of each type (a battery), or \$118.15 for 25 batteries. The scoring manual is \$15.00.

QUICK REVIEWS: BOOKS, ARTICLES

Literacy at Work: The Workbook for Program Developers Simon and Schuster, 1-800-395-7042

Offers logical step-by-step process for developing each aspect of a workplace literacy program. Allows users to develop their own program as they learn. Discusses topics such as getting started, designing instruction, selecting and keeping participants, and evaluation. Cost is \$200.00.

"Using Computers in Adult Literacy Instruction" by Eunice N. Askov and Cindy Jo Clark in *Journal of Reading*, Volume 34, March, 1991

Discusses the advantages and disadvantages of software as a learning tool and lists 37 software publishers. Also lists programs they feel are commendable and their descriptions.

Back issues of the *Journal of Reading* are available for \$6.00 by writing: International Reading Association, P.O. Box 8139, Newark, DE 19714-8139.

Workplace Basics Training Manual American Society for Training and Development, 703-683-8129

Provides step-by-step guidelines for developing and implementing effective training programs of all kinds, and in particular workplace basics training programs. Includes checklists for designing and implementing, worksheets for analyzing training budgets, evaluation/test instruments to monitor training programs, sample questionnaires for information gathering, illustrated models for forecasting financial benefits of training, and examples of corporate training programs in workplace basics. This book is in the MHA library. Cost is \$33.00 for ASTD members, \$35.00 for nonmembers.

AND MORE....

The following is a partial list of commercial companies that provide literacy materials. They range from videotapes to books to workshops to software to testing materials. Call for more specific information:

Educational Technologies, Inc. 800-882-4384. Contact Gary Roberts. Software, tapes, testing materials. (See "Commercial Resources" for more information on this company.) **Grammar Group** 609-275-4865. Workshops, testing materials.

Autoskills International 800-265-7633. Software.

National Alliance of Business 202-289-2888. Books, workshops, tapes, testing materials.

Continental Press, Inc. 800-233-0759. Software, books, tapes.
Aquarius Instructional 800-338-2644. Software, books, tapes,
testing materials.

Don & Schuster 800-395-7042. Books, testing materials.
Culture, Inc. 800- 553-4858. Software, tapes, testing ma-
terials.

Delmar Publishers 800-347-7707. Books.

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Street/Baltimore, MD 21207-1454
9803

Department of Human Resources

May 10, 1994

Memorandum

To: Elizabeth Mandlen
June McCauley
Barbara Edwards
Essex Community College

From: Suzette Walker *SW*
Johns Hopkins Hospital
Human Resources / Project Office

Re: MHSEP Presentations at JHH Department Staff Meetings - **REVISED**

As you are aware, several departments within the hospital are requesting special explanations regarding the MHSEP to be presented to their staff. Deborah (Knight-Kerr) has asked that someone from ECC attend with her or in her stead when she is unable (indicated below by *)

To date, the presentation days and times are as follows:

***Wednesday, May 11 - 3:00**

Presentation to: Peds Nursing Staff
(i.e., Nursing Assistants, Unit Clerks, etc.)
Location: CMSC 417
Contact Person: Cher Baumgartner/Nurse Manager

→ **Thursday, June 2 - 12:00**
(Resked from Thu. 5/12)

Presentation to: GYN/OB Staff
Location: Halsted 201
Contact Person: Joanne Nugen/Nurse Manager

Friday, June 10 - 1:00 & 2:00

Presentation to: Administrative Services Coordinators
Location: JH Outpatient Center - Room 1113
Contact Person: Kathy Picarelli

Thank you.

**JOHNS
HOPKINS
HEALTH
SYSTEM**

Please Post:

MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

"EDUCATION IS CARING FOR THE FUTURE"

Are you looking forward to:

- *furthering your education
- *training for a better job?
- *planning a career move?
- *taking a refresher course?
- *improving career opportunities?

Come to "TRAIN-UP" Career Fair
in the Liberty Cafeteria

April 7th & 8th

from

11:30 A.M.-2 P.M.

and

4 P.M.-6 P.M.

Meet Liberty MHSEP and Essex Community College Representatives

"PREPARE FOR THE FUTURE TODAY"

Call Betsy Yeaton, Mgr. of Training at
383-4058 for more details

MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

"EDUCATION IS CARING FOR TOMORROW"

Are you looking forward to:

- furthering your education?
- training for a better job?
- planning a career move?
- taking a refresher course?
- improving job opportunities?

Come to the *Catch a Rising Health Care* Career Fair

in front of the Cafeteria

June 9th

11:00 A.M. - 2:00 P.M.

and

4:00 P.M. - 6:00 P.M.

Meet MD Hospital Association and Essex Community College Representatives

"PREPARE FOR THE FUTURE TODAY"

Call Gayle Holcomb
Director Educational Services
EXT 1475
for more details

ATTENTION HOSPITAL EMPLOYEES !!

CATCH A RISING HEALTH CARE CAREER

The Maryland Hospital Skills Enhancement Program provides on going instruction and career development opportunities for Saint Joseph Hospital employees who want to improve job skills, seek advancement or further their education. Essex Community College instructors will provide classes in communication, decision making, problem solving, math, reading, computer basics and other job related skills.

How can I learn about the program?

Representatives from the Maryland Hospital Association and Essex Community College will be at the hospital on June 9th at the career fair to talk about the program. The fair will be held outside the cafeteria from 11 a.m. - 2 p.m. and 4 - 6 p.m. Employees may also call Educational Services x 1475 or contact the education advisor at 383 - 4830 for details or to schedule their assessment.

When does it start?

The first session of classes begin the week of June 21st. Classes will be scheduled to start after the participant's shift ends. Participants will receive two (2) hours a week paid regular time and will contribute two (2) hours of their own personal time to attend class for a total of four (4) hours per week. An education advisor is available to plan self-learning programs for those with special time constraints. A session is twelve (12) weeks in length and participants may attend more than one (1) session.

How does one get started?

A private, confidential assessment of the participant's skills is scheduled with the Essex Community College education advisor by calling 383 - 4830. The assessment dates are:

June 10th	By Appointment	Jordan Center
June 16th	By Appointment	Jordan Center

After your assessment, an advisor will meet with you to discuss your results, plan an individualized education program and review career development opportunities in the allied health field. The counseling dates are:

June 11th	By Appointment	Jordan Center
June 17th	By Appointment	Jordan Center

EDUCATION IS CARING FOR TOMORROW

PREPARE FOR THE FUTURE TODAY



HEALTH CAREER INFORMATION DAY

Friday, November 11, 1994

7:30 a.m. - 5:00 p.m.

Zamoiski Auditorium

Curious about changes in the health care industry?
Wondering what jobs exist? Do you have questions
about educational requirements for different positions?

To answer these and many, many more questions, come
visit representatives from various colleges, trade and
specialty schools, and associations.

Representatives will be available from:

- Baltimore City Community College
- Culinary Arts Institute
- Johns Hopkins School of Radiologic Technology
- Medix School
- R.E.T.S.
- University of Maryland at Baltimore
 - School of Medical Technology
 - School of Physical Therapy
 - School of Pharmacy
- Maryland Hospital Association

For more information, call 578-5660



SINAI
HOSPITAL
BALTIMORE

JUNE 1993

- 15 - **General Hospital Orientation.** 8 a.m. - 4:30 p.m.
*Note - Any hospital employee may attend the following segments.
Registration not required.
o Fire and Safety 10 - 11 a.m.
o Hazardous Substances, Infection Control 11 - 11:30 a.m.
o Universal Precautions 12:45 - 1:30 p.m.
- 16 - **Nursing Orientation.** 8 a.m. - 4:30 p.m. Jordan Center.
- **Maryland Hospital Skills Enhancement Evaluation.** 8 a.m. - 4 p.m.
Classroom 4 Jordan Center. By appointment x1475.
- **Medical Rounds.** Health Care Policy Reform. A. Collier Smyth, M.D.
8:30 a.m. Canticle Room.
- 17 - **JCAHO Open Time** 7:30 a.m. - 4:00 p.m. Jordan Center.
Registration not required.
- **OB/GYN Rounds.** Clinical Pathology Conference. Meera Rawtani, M.D.
and James Eagan, M.D. 7:30 a.m. Canticle Room.
- **Nursing Orientation.** 8 a.m. - 4:30 p.m. Jordan Center.
- **Maryland Hospital Skills Enhancement Counseling.** 10 a.m. - 6 p.m.
Conference Room #2 Jordan Center. By appointment x1475.
- **Support Group for Women With Breast Disease.** 7 - 9 p.m. Jordan Center.
Call x1479 to register.
- 18 - **Anesthesiology Rounds.** Didactic Lecture Conference.
7:30 a.m. Franciscan Room.
- **Surgical Rounds.** Tumor Conference. 8 a.m. Canticle Room.
- 21 - **Maryland Hospital Skills Enhancement Classes** begin. Call x1475
for details.
- 23 - **Medical Rounds.** Bringing Patient Specific Information To The
Point of Care. Robert J. Esterhay, Jr., M.D. 8:30 a.m. Canticle Room.
- 24 - **OB/GYN Rounds.** Topic to be announced. 7:30 a.m. Canticle Room.
- **JCAHO Annual Day.** 8 a.m. - 3 p.m. Jordan Center. Registration x1477.
- 25 - **Surgical Rounds.** Tumor Conference. 8 a.m. Canticle Room.
- 30 - **Medical Rounds.** Update of Arrhythmias. Kenneth Ellenbogen, M.D.
Medical College of Va. 8:30 a.m. Canticle Room.

****ATTENTION ALL UNIT CERTIFIERS FOR ACCU CHEK III COMPETENCY TESTING****

Multiple sessions for Unit Certifiers annual update and competency testing for the Accu Chek III have been scheduled during June. Consult the memo on your unit regarding dates, times and locations.

If you have any questions, please call ext. 1681

- 16 - **Nursing Orientation.** 8 a.m. - 4:30 p.m. Jordan Center.
- **Maryland Hospital Skills Enhancement Evaluation.** 8 a.m. - 4 p.m. Classroom 4 Jordan Center. By appointment x1475.
- **Medical Rounds.** Health Care Policy Reform. A. Collier Smyth, M.D. 8:30 a.m. Canticle Room.

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If you have any questions, please call Ext. 1681

****UPCOMING PROGRAM****

NURSING GRAND ROUNDS -MULTIRESISTANT TB

Kathy Edwards

July 7, 1993

1:30 p.m. Canticle Room

Call x1479 to register

THE MENTOR

EDUCATIONAL SERVICES
SAINT JOSEPH HOSPITAL

JUNE 1993

- 1 - **Personnel Orientation.** 8 a.m - 12:30 p.m. Jordan Center.
- 2 - **Medical Rounds.** Occupational Skin Diseases. James R. Nethercott, M.D.
8:30 a.m. Canticle Room.
- **Living With Diabetes** concludes. 7 - 9 p.m. Jordan Center.
- 3 - **OB/GYN Rounds.** MRI and CT in Pregnancy. Margaret Dahmus, M.D.
7:30 a.m. Canticle Room.
- 4 - **Surgical Rounds.** Jehovah's Witness Bloodless Program. Mike Hoffman.
8:00 a.m. Canticle Room.
- 9 - **Medical Rounds.** An Overview of Treating The Substance Abusing Patient.
Joseph Zebley, M.D. 8:30 a.m. Canticle Room.
- **Catch a Rising Health Care Career Fair.** 11 a.m. - 2 p.m. and 4 - 6 p.m.
Cafeteria Entrance. For information call x1475.
- **Diabetes Support Group.** Exercise and Diabetes.
John Wilson, M.S., O.C.S.M. 7 - 9 p.m. Jordan Center. Call x1681.
- 10 - **OB/GYN Rounds.** Quality Management. John Engers, M.D. 7:30 a.m.
Canticle Room.
- **Maryland Hospital Skills Enhancement Evaluation.** 8 a.m. - 6 p.m.
Classroom 2/3 Jordan Center. By appointment x1475.
- 11 - **Anesthesiology Rounds.** Mortality and Morbidity Conference.
7:30 a.m. Franciscan Room.
- **Surgical Rounds.** Malignant Neoplasms of The Small Intestine.
Anthony Imbembo, M.D. .. University of Maryland School of Medicine.
8:00 a.m. Canticle Room.
- **Maryland Hospital Skills Enhancement Counseling.** Conference Room #1
Jordan Center. By appointment x1475.
- 14 - **Personnel Orientation.** 8:00 a.m. - 12:30 p.m. Franciscan Room.
- **Nursing Orientation.** 1:30 - 4:30 p.m. Jordan Center.

COME TO CATCH A RISING HEALTH CARE
CAREER FAIR
CAFETERIA ENTRANCE

June 9th
11:00 a.m. - 2:00 p.m.
and
4:00 - 6:00 p.m.

- Living with Diabetes concludes. 7 - 9 p.m. Jordan Center.
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7:30 a.m. Canticle Room.
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Jordan Center. By appointment x1475.
- 14 - Personnel Orientation. 8:00 a.m. - 12:30 p.m. Franciscan Room.
- Nursing Orientation. 1:30 - 4:30 p.m. Jordan Center.

**COME TO CATCH A RISING HEALTH CARE
CAREER FAIR
CAFETERIA ENTRANCE**

June 9th
11:00 a.m. - 2:00 p.m.
and
4:00 p.m. - 6:00 p.m.

"EDUCATION IS CARING FOR TOMORROW"

Are you looking forward to:

- o Furthering your education?
- o Training for a better job?
- o Planning a career move?
- o Taking a refresher course?
- o Improving job opportunities?

OVER

MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

"EDUCATION IS CARING FOR THE FUTURE"

Are you looking forward to:

- *furthering your education?
- *training for a career rather than a job?
- *planning a career move?
- *taking a refresher course?
- *enrolling in college?

**Come to the Career Advancement Fair
in the Sinai Cafeteria**

April 20th & 22nd

from

11:00 A.M.-1:30 P.M.

and

4:30 P.M.-6:30 P.M.

Meet Sinai MHSEP and Essex Community College Representatives

"STEP-UP TO THE FUTURE TODAY"

**Call Christine Beach, Mgr. of Training at
578-5660 for more details**



SJHappenings

Produced by Public Relations for the employees of Saint Joseph Hospital. For information, call extension 1700.

Vol. X, No. 21

May 28, 1993



New Logo, New Look For SJH and FHS Hospitals

To help promote unity among its member hospitals, the Franciscan Health System (FHS) is developing a System Identity Initiative. Under this initiative, all member hospitals will phase out their existing logos and assume a new logo common to all FHS hospitals.

For Saint Joseph Hospital this will be a lengthy undertaking. Eventually everything bearing the current SJH logo will be reprinted or replaced. This includes all signs, stationary, forms, labels, etc. **Please keep this in mind when ordering stationary, forms, etc.**

A final logo design and implementation plan are expected to be completed by the end of the summer. *SJHappenings* will have complete details on the change as soon as they are available.

TOWN HALL Q&A

Listed below are some of the questions and answers from the most recent Town Hall meetings. Next week, watch for a special edition of *SJHappenings* that details more of the discussions that took place during this year's Town Hall Meetings.

Q: What are some of the TQM projects that will happen at our Hospital?

A: Total Quality Management (TQM) or Quality Improvement is not a one-time fad, but an on-going commitment which could have a major impact on patient care. Quality management is a new way of delivering patient care, but it will take time to implement. This month, representatives of FHS will be visiting the hospital to help us kick off our Total Quality Management program.

One example of a TQM project that has already taken place and has been extremely successful is the Lab getting results to the Emergency Room more quickly. A steering committee is also being formed to study how we compare on the changes in length of stay and other quality indicators.

Q: Will TQM education be given to employees?

A: Yes. TQM education will be given to employees. It is now being studied as to how best the hospital should implement that process, but funds have been budgeted for the next fiscal year for the Total Quality Management Education Program.

Q: Will the new hospital information system improve the slowness of the current computer system for inputting data as well as reports?

A: The new system will be much quicker. We will be able to share information between departments and integrate information. We will learn together how to best use the new system, but first we will focus on developing clinical information systems as opposed to finance and administrative systems. This three to five year project will give employees much more control.

Q: Is the hospital going to have informational sessions to discuss health care changes?

A: We plan to have information sessions, such as "brown bag" lunches, to inform employees who are interested about new Maryland legislation, Hillary Clinton's Task Force, proposed health care reform, etc. This will provide on-going information in addition to the Town Hall meetings.

Q: Can speed bumps be installed on the road directly in front of the Jordan Center to slow traffic?

A: This has been investigated previously and the installation of speed bumps is not possible since ambulances use this entrance. Because this is a heavy pedestrian traffic area, we ask that all employees use caution when driving by the Jordan Center.

Q: Rumor has it that there will be no more weekend staff. Is this true?

A: No, this is not true. The weekend option employees are a vital component of staffing the hospital for weekends. The hospital has no plans for eliminating this program.

June Spirit of Saint Francis Winner Named

This month's Spirit of Saint Francis Award winner is Diane Schwatka. Diane is a manager in the Towson Physician Services offices.

Diane's co-workers say that she exemplifies the Spirit of Saint Francis because she always has such a compassionate attitude and because she takes the time to work with everyone to help them with their individual problems. Congratulations Diane!

Health Service Closing

The Employee Health Service will be closed on **Monday, May 31**, in observance of Memorial Day. Any occupational injury can be referred to the Emergency Department.

Recycle Reminder

The SJH Ecology Committee would like to commend everyone on their participation in the aluminium can recycling program. So far the response has been terrific.

The committee would also like to remind everyone that the blue receptacles located throughout the hospital are for **aluminum cans only**. Please be careful not to throw other trash in them. Also please empty cans completely before depositing them in the receptacles.

The cans are picked up weekly and sorted by a local Boy Scout troop. They will deliver the cans to the recycling center and are using the money to help fund a Scouting trip.

Management Meeting

The Management Council will meet on **Tuesday, June 1 at 1 p.m.** in the **Jordan Center Library**.



Heads Up Softball Fans

Saint Joseph Hospital Underground invites you to watch or play in a co-ed softball game **Friday, June 4, at 5:30 p.m.** Players will take the field at the University of Baltimore, Mount Washington Campus and a gathering at Mount Washington Tavern will follow.

Sign-up sheets are in Personnel and Accounting. If you have any questions call Brian at extension 1780 or Dawn at extension 1291, and be sure to bring your own glove and/or bat.

Pre-Inventory Sale At The Gift Shop

The Gift Shop is getting ready for its inventory, and to help them prepare they are holding a pre-inventory sale.

Starting **June 1** and lasting until **June 18** merchandise is being reduced up to 50 percent. Be sure to stop in the Gift Shop and take advantage of these great savings while they last.

"Family Matters" Lecture

On **Thursday, June 3**, the Educational Services department is presenting another in its *Family Matters* lecture series. This lecture, "Child Psychological Testing," will be hosted by Stanley Sack, Ph.D.

The lecture is free and held in the Jordan Center Library from **7 p.m. to 8:30 p.m.** Registration is required. To register call Educational Services at extension 1479.

Tickets On Sale For SJH Employee Picnic

Beginning **June 1** tickets for the annual SJH Employee Picnic will be available in the Personnel office from **8 a.m. to 4:30 p.m.** It is essential that employees pick up all tickets in advance.

Employees of SJH, Marriott and the Day Care Center and SJH volunteers will be able to pick up one free ticket each and one guest ticket for \$8. Each employee may bring one adult guest along with the employee's dependent children (as defined by the SJH benefit plans). Tickets for dependent children under the age of five are free and tickets for children between five and fifteen years of age are \$4. Tickets for dependent children 15 or older are \$8. Tickets are non-transferrable.

To enter Milldale Camp employees will be required to show their ID badges and provide ticket, purchased in advance, per person. No one will be admitted without tickets and ID badges.

The picnic will be **Sunday, June 27** at Camp Mildale in Owings Mill from **11 a.m. to 5 p.m.**

Hospital Career Fair

On **Wednesday, June 9**, SJH will host the Maryland Hospital Association's career fair, "Catch A Rising Health Care Career." The theme for this year's fair is "Education is Caring For Tomorrow." This will provide answers on furthering your education, job training and career options.

The Fair will be held in front of the cafeteria from **11 a.m. - 2 p.m.** and from **4 p.m. - 6 p.m.** Call Gayle at extension 1475 for more details.

Saint Joseph Hospital is an equal opportunity employer and, in conformity with applicable laws, does not discriminate on the basis of race, color, religion, sex, national origin, age, physical or mental handicap.

SJHappenings

Produced by Public Relations for the employees of Saint Joseph Hospital. For information, call extension 1700.

Vol. X, No. 22

June 4, 1993



Three Great Ways To Save On Summer Fun

Looking for something to do with the family this summer but don't want to spend a fortune? Saint Joseph Hospital has three great ways to help employees save on fun family activities.

First, SJH and Loews Theatres can help you enjoy movies for less. Pick up a reduced admission ticket in the Personnel office and enjoy a movie at a participating Loews Theatre for just \$4.25. Tickets are good only after the first two weeks of a movie opening.

Second, the Personnel office has coupons that will save \$7.25 on the price of an adult ticket to Kings Dominion. These coupons are good on June 5-6, 12-13, 18-20, 26-27 and July 2-5.

Finally, SJH employees can purchase "The Beach Book" coupon book from Personnel for just \$8.95. This book contains hundreds of dollars worth of savings on resorts, restaurants and activities at beaches in Maryland, Delaware and New Jersey. For details, or to take advantage of these great savings, stop in the Personnel office today.

Tickets On Sale For SJH Employee Picnic

Starting this week tickets for the annual SJH Employee Picnic are available in the Personnel office from 8 a.m. to 4:30 p.m.

Employees of SJH, Marriott and the Day Care Center and SJH volunteers will be able to pick up one free ticket for themselves and one guest ticket for \$8. Employees may each bring one adult guest along with the employee's dependent children (as defined by the SJH benefit plans). Ticket prices for children are:

under age five -	free
5 - 15 years of age -	\$4
age 15 and older -	\$8

It is essential that employees pick up all tickets in advance. To enter Milldale Camp employees will be required to show their ID badges and provide one ticket, purchased in advance, per person. Tickets are non-transferrable and no one will be admitted without tickets and ID badges. If you have any questions please call the Personnel office.



SJH To Implement New Automated JobLine

Beginning Tuesday, June 15 the main extension number for the Personnel office will be 1288, not 1285. That extension will be used for a new automated job line.

This new line will help in routing the many calls that the Personnel office receives regarding openings at the hospital. Callers who use the new automated number will be able to hear a recorded list of openings at the hospital, or will be connected directly to a specific department to speak with a representative there. Only if a caller does not select one of these options will she or he be connected to the Personnel office.

Departments that may be accessed automatically are Housekeeping, Nutrition Services and Nurse Recruitment. This system does not take messages, but rather lists job openings and routes calls.

This system should be operational by June 15. After that date, callers from outside the hospital can access the system by dialing 337-1285. Callers from within the hospital, need only dial extension 1285.



Ecology Tip



If your department or unit orders styrofoam cups for staff use, you should consider having everyone supply his or her own reusable mug or cup. This would save money and help reduce waste.

ADR Hotline Adverse Drug Reaction

Report any adverse drug reactions on the SJH Adverse Drug Reaction Hotline. Call extension 1ADR (1237) and leave a voice mail message including the patient's name, patient's location and your name.

Financial Planning Seminar Offered

The deadline to register for the Saint Joseph Hospital Foundation's financial planning seminar is **Friday, June 4**. Professional accountants from the firm of Wolpoff & Company will be featured in "Financial Planning for Today," a free seminar to be held on **Saturday, June 12** from 9 a.m. to 11:30 a.m. in the Jordan Center Library.

For more information or to make a reservation, call Colleen Gallo-way at extension 1397.



Sign Up To See The Sox

There's still time to get tickets to see the Baltimore Baysox take on the Albany Yankees on **Friday, July 16** in Baltimore's Memorial Stadium.

To get tickets simply print your name, your work extension, and the number of tickets you would like to purchase on the employee sign-up sheet. The sheet is posted on the Employee Bulletin Board across from the back elevators. Box seat tickets are just \$6 each. The deadline to sign-up is **Friday, June 11**.



Helping Hands 'N' Hearts Sponsors Canned Food Drive For June

This month Helping Hands 'N' Hearts will be collecting canned food for Our Daily Bread, the Baltimore soup kitchen.

Glyne Williams of One West is organizing this month's drive and he needs your help. He will be putting donation boxes on various units throughout the hospital and asks that all employees make a contribution. Contributions can also be made at the Pastoral Care desk in the main lobby of the hospital.

Complete Your SJH Parking Survey

As part of its parking study, SJH will be conducting an employee parking survey the week of **June 6** through **12**. Employees should receive a copy of the survey before Wednesday of this week.

Completed surveys should be returned to Dennis Gifford's office by **Saturday, June 12**. Your answers will help improve parking conditions for employees and patients.

Sale At The Gift Shop

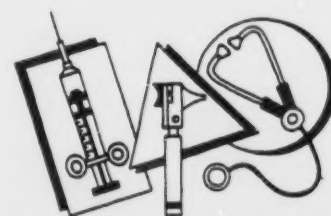
Remember that this month the SJH gift shop is having a pre-inventory sale. Stop by and check out the merchandise that is being reduced, some as much as 50 percent. This sale only lasts until **June 18** so stop in today and save.

SJH To Phase Out Logo

A reminder that SJH will be participating in the Franciscan Health System's new System Identity Initiative. Under this initiative, all member hospitals will phase out their existing logos and assume a new logo common to all FHS hospitals.

For Saint Joseph Hospital this means that we will eventually change everything bearing our current logo. Please keep this in mind when ordering all stationary, forms, etc., that bear this logo.

A logo design and implementation plan are expected to be completed by the end of the summer.



SJH Showcases Health Care Careers

"Catch A Rising Health Care Career" is the title of this week's Maryland Hospital Association career fair. The fair will be hosted by SJH on **Wednesday, June 9** in front of the cafeteria from 11 a.m. to 2 p.m. and from 4 p.m. to 6 p.m.

The theme for this year's fair is "Education is Caring For Tomorrow." This fair will provide answers on furthering your education, job training and career options. If you would like more information call Gayle Holcomb at extension 1475.

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LIBERTY

P E O P L E A T W O R K

Volume 8, No. 4 April 1993



Pictured > Everard Rutledge flanked by others involved in the \$483,000 Federal Education Grant.

* WORKING SMARTER *By Betsy Yeaton*

MANY ORGANIZATIONS ARE BECOMING very aware of the need of their employees for "Basic Workplace Skills." Liberty Medical Center, Inc., is no exception. The needs of health care workers to be cross-trained in interpersonal, communication and life skills are becoming more necessary as we become more service oriented.

It is no longer sufficient for health care workers to provide quality medical care, they must also provide quality customer service. Health care customers are unlike customers of any other industry. Health care is not a service customers seek out willingly, therefore the health care worker must be exceptionally well skilled.

With economic conditions and the need for health

care reform, many hospitals are looking for an organized way to provide highly skilled workers. While Liberty Medical Center employs a vast variety of workers, each level requires greater language, math and reasoning skills than ever before. Traditionally, Liberty has recruited from schools and colleges; however as times change the need to rely on retention and re-training the current work force is necessary. In cooperation with the Maryland Hospital Association and Essex Community College, Liberty has found the mechanism to guarantee that our employees are the quality workers we believe them to be.

In July of 1992, the Maryland Hospital Association and Essex Community College applied for a large Federal Grant to establish a training program that could be presented in all Maryland hospitals. Liberty Medical

continued on page 3

THE OPERATING ROOM

By Preston Y.B. Reed, Jr.

The Operating Room is an area of the hospital that very few people get to see. Join us now for a brief trip through LMC's O.R. >

THE ENVIRONMENT On the entrance of the O.R. a sign reads: "Surgical Suite. Authorized personnel only." When the electronic door opens, the area looks like a normal unit with a nurses station, and offices. It is spotlessly clean, and the tile floor is polished and buffed to a high shine. For the comfort of the staff and patients as well as for infection control reasons, the temperature is kept cool. In observance of St. Patrick's Day -- home-made paper clovers line the walls. On one wall a paper American flag is taped. And a mounted blackboard reads: "Don't forget to sign the March birthday card."

Within sight of the nursing station is the "holding area." It serves as waiting space for surgically prepared patients. Here, pictures of flowers and kittens hang; while in the background classical music plays.

Each time the O.R. entrance door swings open, all eyes turn, and scurrying people in blue scrubs make a clear path for possible in-coming patients. Though the O.R. hallway -- beyond the holding area and beyond the doctor's lounge, locker room, and dining area -- is a long corridor where the operating rooms are



In O.R. #3, surgery is in progress. In lint-free sterilized smocks, oversized shoe covers, blue hair caps, and disposable face masks, doctors, nurses and technicians work. Carts laden with cloths and hundreds of clamps, scissors, and various implements the surgeon uses stand near the operating table. Two intricate machines near the bed monitor the patient's temperature, pulse and breathing.

Moving down to O.R. #4 a sophisticated monitor sits on a cart. It's part of a \$30,000 piece of equipment called an ankle arthroscope: a device that allows surgeons to view inside a patient's ankle. The ankle arthroscope is one example of the state-of-the-art equipment and procedures the O.R. uses with the goal of less pain, shorter operations, and a higher rate of accuracy.

THE STAFF In the dining area, O.R. Nurses sit together talking about the upcoming birthday celebration (a monthly tradition in the O.R.). In the Doctor's Lounge, an O.R. technician, housekeeping member, and doctor indulge in friendly conversation. The O.R. team realizes how dependent they are to one another in providing quality, safe and effective surgical procedures.

HERE ARE SOME O.R. FACTS

Last year, the O.R. staff performed over 3500 successful operations. Each month the O.R. has over 300 surgical cases. The most common surgical procedures performed in the O.R. include: D&C, decubitus myocutaneous flap, colon resections and hysterectomies. The most common diagnostic surgical procedures include: cystoscopies, endoscopies and laparoscopies.

To keep themselves abreast of the latest in the surgical news, O.R. staff spend numerous hours in classes and seminars. Several of the staff serve on nationally respected surgical and O.R. boards.

To ensure the continual success and growth of the O.R. team, four governing committees have been created: Quality Assurance, >

Professional Development and Education, Nursing Practice, and Unit-Based Policy and Procedures. From these committees, policies, procedures, staff training, equipment, and events are generated.

The O.R. team includes: a preadmissions nurse, posting clerk, unit secretaries, RNs, LPNs, anesthesiologist, physician assistants,

technicians, doctors, and members of the environmental and transportation departments.

According to staff members, working in the O.R. offers many different rewards and challenges. But as one O.R. technician, Ervin Meeks, puts it, "Seeing our patients returning back home in a healthier condition," sums up the overall rewards. ■

the rewards



Tony Washington

"After 29 years in the O.R., I still find it to be a learning experience."

Anne Lumpkin,
O.R. Technician

"Being a part of a life-saving team."

Tony Washington,
Environmental Services

"When I hear the surgeon say 'we have completed the operation.' I feel good knowing that I was a part of the process."

Fred Howell,
Physician Assistant

"When patients are satisfied with the service we provide."

Dr. Boakley, Anesthesiologist



(l) Dr. Molfina (r) Dr. Boakley



(l) Anne Lumpkin (r) Ervin Meeks

"The immediate results of turning around the process of illness...."

Dr. Molfina, Surgeon

"Being a calming influence to the patients."

Sharon Anderson, RN

"When I say something comforting to the patient's family members."

Jacqueline Jordan,
Medical Secretary, Surgical

Working Smarter continued from page 1

Center along with Johns Hopkins, Mercy, St. Agnes, University, St. Joseph's, and Sinai Hospitals were asked to be pilot sites for this training. We are proud to announce that the Federal government believed in us enough to honor the grant request.

The Official Press Conference, held at University Hospital, on March 18, 1993, was attended by Mr. Rutledge, Diane Allen, Maggie Cunningham and Betsy Yeaton. Representatives from several State offices were present for the announcement of the \$483,000 Federal Education Grant.

Over the next month representatives from the Maryland Hospital Association and Essex Community College will be on site at Liberty with several "education check-ups" and testing opportunities for our employees to participate in this grant funded training program.

Liberty has been asked to provide office space for the full time administrative staff of the grant. By providing the center of operations for the grant Liberty is guaranteed the individual support that will enhance our program. Each employee registering for classes will have an individual, self-paced program. All materials used by the employee on a daily basis will be included in the employee's training program.

If you have any questions regarding this program or the types of classes offered, please call Betsy Yeaton, on extension 4058.

As an original member of the Maryland Hospital Human Resources Task Force, I encourage all employees interested in improvement of their skills to participate in the testing and training. ■

{ Betsy Yeaton is the
Training Manager for LMC. }



AYSHA COLLINS

By Preston Y.B. Reed, Jr.

IT'S A THURSDAY morning, 10 a.m., and already Aysha Collins' day is at a peak. Outside her small office in the Emergency Room is a delusional psychiatric patient whom Collins has just admitted to LMC's psychiatric floor. Meanwhile, in her

office, Collins gives counsel over the phone regarding a potentially suicidal man. Just as she concludes the conversation, her other two lines start ringing. Yet, in the midst of the chaos, aside from flicking the ink-pen in her hand, Collins remains calm.

Collins says that deciding to be a mental health therapist was a surprise -- even to her. Her mother, Greta Lewis, a LMC psychiatric nurse on 5N, recalls that when Collins was a student at the Baltimore School of the Arts, "I thought she was going to be an Alvin Ailey Dancer...." Collins laughs as she remembers always wanting to be a newscaster or another "Oprah Winfrey." However, with the influence of a few college sociology classes all that changed.

After receiving her Master's degree in social work from the University of Maryland at Baltimore, Collins worked as a Crisis Interventionist for Glass Mental Health before coming to Liberty. At Glass, she took referrals from emergency rooms for inpatient psychiatric intervention and worked a crisis hotline. Collins decided to come to Liberty she says because, "something was missing. I was tired of just helping people on the phone. I wanted to deal with them face-to-face."

At Liberty, Collins fills two part-time positions. On Mondays, Wednesdays and Friday mornings, she works at Liberty's Institute of Community Psychiatric and Behavioral Services (CIBS) as a Mental Health

Therapist. Generally, she sees about seven scheduled patients a day. On Tuesdays, Thursdays, and Friday afternoons, Collins works in the Emergency Room (E.R.) performing emergency psychiatric evaluations to assess whether a person needs to be admitted to an inpatient psychiatric unit.

Collins says that her work keeps her alert to the effects of life's pressures (unemployment, death, dysfunctional families, etc.), and causes her to focus more on the positive things in her life. She notes that her family is her "greatest joy."

What Collins would like to see for the future of mental health is more people interested in the field and working in urban hospitals like Liberty.

"I admit it's a stressful field -- especially when you see the psychological damage that drugs, diseases like HIV, and physical abuse can produce. I oftentimes feel powerless and frustrated knowing that there is only so much I can do to help my patients." Collins continues, "What really affects me is when I see other young, black women like myself with these psychiatric illnesses. It serves as a constant reminder that it can happen to anyone."

However, Collins admits that the rewards the mental health field offers, few others can match it. "I reap my greatest reward when I see my patients getting better, making progress -- no matter how small that progress may be." ■

Too Much To Do, Too Little Time

Do the items on your "TO DO" list multiply all by themselves? Do deadlines appear overnight on your calendar? Do you experience the nagging feeling that you're working harder than ever but still not accomplishing all you want to?

Not to worry. These are the symptoms of a common modern malady — wanting to do it all but not having the time.



Time has been called the great luxury of the 1990s. It's a limited and precious resource. To help you manage this resource more wisely, management consultant Chaya Kaplan offers the following advice:

EFFECTIVENESS BEATS EFFICIENCY. Efficiency is working smoothly, using the least amount of time, energy, and people. We

all have our own personal ways to increase efficiency including form letters, report outlines, and project checklists. But even with these tools, you can work efficiently and still discover that important work remains undone. Being busy doesn't always mean moving ahead.

On the other hand, effectiveness is doing the right things efficiently, doing the things that lead to reaching your goals.

TIME MANAGEMENT BEGINS WITH GOAL SETTING. Goals are things we want to accomplish that are important enough to us that we are willing to describe them in a measurable way. Other things we want to do are wishes, vague desires we aren't willing to commit to. For example, "I want to be better at Spanish" is a wish. "By the end of 1993, I will successfully complete a beginning course in Spanish" is a goal. Once you differentiate between the two you relieve yourself from guilt (for not fulfilling all your wishes) and you have taken a first step to becoming more efficient and successful.

AFTER GOALS, COME PLANS AND HARD WORK. Measurable goals can be broken into smaller and smaller parts. This

becomes your master plan and the ruler against which you can judge your success.

SMART IDEAS

Perhaps the biggest remaining hurdle to reaching your goals is procrastination, the tendency to avoid difficult and overwhelming tasks.

Here are two possible approaches:

① **Do it first.** If you keep putting off the unpleasant assignment, you may never get to it. You'll probably keep yourself busy instead with things you like to do that may or may not be important. All the while, you'll be thinking about the unpleasant assignment, dreading it, and feeling guilty. If you tackle the hardest work first, you'll be able to look forward to the work you enjoy.

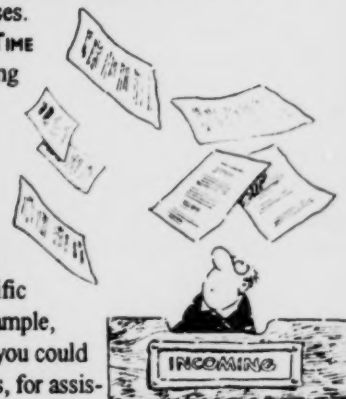
② **Another way to handle those large and unpleasant assignments is to break them into smaller more manageable pieces and to put a time limit on each.**

Also keep in mind that certain responsibilities might be easier to handle at a particular time of day. According to researchers, for most people, late morning is the best time for writing, planning, and math problems. Repetitive tasks like filing papers should be saved for midafternoon. And manual dexterity and grip strength, important for typing and carpentry, are best in the afternoon.

EXAMINE CURRENT USES OF TIME. Urgent tasks are reactions to crises. Important tasks are the ones that bring us closer to a goal. If most time is being spent on urgent tasks, perhaps you and your supervisor and/or co-workers and support staff need to reexamine goals and look at ways to prevent crises.

ASSERTIVENESS IS PART OF TIME MANAGEMENT. Being willing to speak up about work-related problems is a key element of working effectively. Think about the problems and discuss with your supervisor when you are ready to offer specific possible solutions. For example, if there is too much work, you could

ask for due dates, for assistance in prioritizing assignments, or for more help in completing the work.



By Diana Spencer

continued on page 8

tidbits

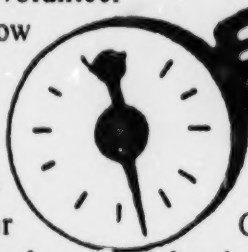
PEOPLE, DATES, NEWS

Learn To Take Pressure

Blood Pressure Course: Church C.H.A.M.P.

Any LMC employee or volunteer interested in learning how to take blood pressure measurements should contact Ina Glenn, Church 383-4415. The

Blood Pressure Provider Course will be held in the evenings and on weekends. After taking the course, you'll be able to conduct blood pressure screening and to educate your neighbors, friends, and fellow church and club members about high blood pressure.



contact
CHAMP at

8-session

Course will be

Male Call

Spring is coming!
Any males interested in participating in an exercise and nutrition program beginning the week of April 19th should

contact Ina Glenn, Church CHAMP, at 383-4415.

The eight-week course costs \$8 per person. This fee is an investment in your good health and is used to create a "prize pot" for the person or team in reaching its goal weight.



April 19th

Begins 5:30 p.m.

Auditorium

Call ext. 4415

"Suzette [Social Worker],
Just a warm Thank you for all the work you accomplished in the short time my sister and I were in Baltimore. You are very good at your job and you made us feel special and was very accommodating...."

"Dear Mr. Rutledge:

...During my stay, every possible consideration and courtesy were accorded me, beginning with you, Mrs. Grady, the various PAs and nurses ... the entire personnel.... This is remarkable and it bespeaks the selection, training and supervision rendered by management to the entire staff...."

LETTERS



"Dear Nursing Staff:

There are times when the words 'Thank You' seem so inadequate. I feel this way in expressing my appreciation to all of you.... You were both professional and courteous on a consistent basis."

tidbits continued on page 7

Pathology Department Moves Ahead *Approximately 16 additional tests will be available on site in the hospital's laboratory. They include the chemistries found in routine panels, some aminoglycosides, CK-MB screens, and other miscellaneous tests. By offering these additional tests on-site, we will be moving from a STAT laboratory to a more general laboratory which will perform all testing available on site, both STAT and routine. Computer terminal installation is currently underway as well.*



The Mayor's Choice

Alma Roberts, Vice President, Corporate Development, was selected by the Mayor to serve on the Mayor's AIDS Coordinating Council for the City of Baltimore.

Dancing with Kids

Mark Coner, Security Officer. Mark, an accomplished dancer, recently appeared in the Arena Players presentation of "Treemonisha", an opera by Scott Joplin. In addition, he teaches dance to children. He strongly believes that in sharing his talent and dance experience, he can make a positive impact on the lives of young people.



Not By Bread Alone

In cooperation with the *Central City Branch of the American Heart Association* and *Saint Agnes Hospital*, Church C.H.A.M.P. will hold a "Heart and Soul Cooking Contest" on **June 12th**, from **4 p.m. - 7 p.m.** Area churches are encouraged to enter the contest and cook their best low-sugar, low-cholesterol, low-calorie, low-fat dish. Cash prize awards of \$500 (1st place), \$250 (2nd place) and \$100 (3rd) will be awarded. To enter, promptly call Ina Glenn at 383-4415.

BLIZZARD! And all's Well

Thanks to all the staff and community members who volunteered their time and vehicles to help bring LMC employees and patients to the hospital during the recent blizzard.

Doug Hicks
James O'Brien
William M. Wood
Irvin Dett
Norfleet P. Barnes
Robert K. Mead
Cicero Lennon, Jr.
Lawrence E. Hines
Terrance Steward
Everard O. Rutledge
Robert Cambbell
Joseph Hyman
Reed A. Winston, M.D.
Robert Gregory
Robert Long
Alfred C. Barnes
Edward Gray
Thomas "Tom" Jones
Vincent "Mickey" Barber
Terrance A. Robinson
Randolph M. Jordan, Sr.
Kelly Myers
Kelvin A. Hawkins
Patrick & Staci Shelley
Samuel Meshezebe
Harold A. Carey
Robert Patch
Jeffrey Scrivener
James Wommack
Michael E. Brown
Patrick F. Watson
David R. Cook
Laidly MacBride

COMAR HOSPITAL SERVICE REGULATIONS

10.09.06.07B AND

10.09.34.07B require all nonemergency inpatient admissions of Medical Assistance recipients receive preadmission certification. The preauthorization process is conducted by Delmarva Foundation, as the Utilization Control Agent for the Maryland Medicaid Program, utilizing telephone review.

Patients who are electively admitted should receive preauthorization prior to the admission date. *Effective with admissions on or after March 15, 1993*, preauthorization of elective admissions will NOT be completed after the patient is admitted. The preauthorization department will not issue numbers on these patients and will not take information. This major change in the preauthorization process is that, *effective immediately*, nonemergent admissions on weekends, holidays or after normal working hours must be preauthorized prior to admission. Normal work hours are Monday through Friday 8:30 a.m. until 4:30 p.m. **NO** nonemergent admission will be authorized after admission. Stable patients transferred between acute facilities will continue to require preauthorization prior to transfers.

In COMAR 10.09.06.01 B. (27) a "Nonemergency admission is defined as an admission that can be postponed without being life threatening or disabling to the patient." It is expected that elective admissions be planned and should allow time for contacting Delmarva Foundation prior to the day of admission.

Oops!

In the last issue of **LPAW** we listed the incorrect job title and baby's name for **Karen Robertson**. We apologize for our error.

The correct information is that **Karen Robertson**, Billing Clerk for Dr. Ohio, delivered a baby girl, **Karin Annette**, weighing 7 lbs. & 14 ounces, on January 12, 1993.

We wish the newly expanded family well.

Materials Management Department

We regret the passing away of **Betsy Yankelov**, Mother-In-Law of **Hilda Yankelov** on March 26th, 1993.

Virginia Henderson

Thank you all prayers, thoughts and kindness expressed due to the death of my sister, **Maggy Watts** on March 16, 1993.

> On The Job continued from page 5

AND GOOD COMMUNICATION IS PART OF ASSERTIVENESS. Before you approach your supervisor, co-workers, or staff about time management (or other issues), consider whether they respond best to information or suggestions offered in person or in writing, presently formally or informally.

Does everyone understand the goals, the steps to get there, and their specific responsibilities? One way to make sure is to follow meetings with a short list of the decisions made -- not formal minutes -- but a list that makes clear what's done, what remains to be done and who should do it by what

date.

EFFECTIVE COMMUNICATION

SAVES TIME. There are four pieces to any message:

content "let's have a party."

delivery Your volume, tone, timing, and body language

intention what you want to achieve by having a party

criteria the details: limitations, time, money, etc. For example, "Let's have a party. We need to do it before

Thanksgiving and we only have \$100."

In time effective communication you begin with the intention and go next to the criteria.

For example, your intent in having the party is to thank staff for their hard work and you only have \$100 to spend on that party.

By expressing your intent and limitations first you might discover that the staff would prefer to be thanked some other way. Time-effective communication can generate better and more creative ways to achieve your goals.

Ultimately, that's what time management is all about: not working faster or harder, but working smarter. ■



Calendar for April

7 - "Sports and Recreational Injuries"

Seminar sponsored by The Maryland Injury Prevention Network
Also a celebration of World Health Day 1993, 10 a.m. - 12 noon.
Kitty Broady Room, CIBS

11 - 17 - National Medical Laboratory Week

18 - Annual Volunteer Recognition Ceremony
Auditorium. 3 p.m.

18 - 24

National Minority Cancer Awareness Week
National Volunteer Week

19 - Beauty Makeover/Fashion Tips for Volunteers
Auditorium. 11 a.m.

21 - Secretaries Day

29 - 30 - Art Exhibition and Sale. Sponsored by LMC Auxiliary.
8:30 a.m. - 5 p.m. Main building lobby.

Deadline to submit materials for the May issue of **LPAW** is April 18, 1993. Call Preston Reed on ext. 4823.

PEOPLE AT WORK

Produced by the
Marketing and Public Relations
Department

Director **DIANA L. SPENCER**
Marketing Specialist **PRESTON Y.B. REED, JR.**
Secretary **S. KOREN SEALLEY**

SUE

Skills enhancement program grant awarded to Maryland hospitals

This article was submitted by Timothy W. Davis, secretary, Maryland Healthcare Human Resources Association, and coordinator, Compensation and Benefits, Church Hospital, Baltimore, MD.

We are very pleased to announce that the U.S. Department of Education has awarded a \$483,000 Maryland Hospital Skills Enhancement Program (MHSEP) grant to Essex Community College, in cooperation with MHA and seven Baltimore-area hospitals. The project creates an unprecedented alliance between Baltimore's educational and health care communities. The seven participating hospitals are Johns Hopkins Hospital, Liberty Medical Center, Mercy Medical Center, St. Agnes Hospital, St. Joseph Hospital, Sinai Hospital of Baltimore, and the University of Maryland Medical System.

Employees participating in MHSEP will come primarily from service departments such as dietary, clerical, distribution, housekeeping, linen and laundry, maintenance, nursing assistant, patient transport, and security. Of the 5,186

employees in targeted occupations at the seven hospitals, an estimated 50 percent will participate in skills testing. MHSEP expects to serve approximately 500 to 700 employees by August 1994.

The program will provide basic workplace skills training in critical thinking, problem solving, communication, and mathematical skills, as well as specific training in practical work applications. There will also be additional opportunities for G.E.D. preparation. By providing this training, the grant offers employees the opportunity to improve basic skills needed in the workplace so they will be able to function in their current jobs with increased

competence, move laterally or upward, and meet changing job requirements.

Receipt of this grant is the culmination of several years of work by the participating hospitals, which have devoted much time and effort to the question of how to prepare the current work force to become the work force of tomorrow. The educational products and lessons learned from this demonstration grant will result in tremendous resources for all Maryland hospitals.

As the project progresses, we will report on the findings and work to make the materials developed under the grant available to Maryland Hospital Association (MHA) members. In the meantime, I hope you will join us in congratulating Essex Community College and the participating hospitals and thanking them for their leadership in this important area. A brief description of the project follows.

For hospitals, the consequence of employing workers who lack basic skills does more than cost money and decrease productivity. It harbors the potential to threaten the quality of patient care and the well-being of the community.

To address the needs of the service workers who provide support to the medical profession, Essex Community College, MHA, and seven major Baltimore-area hospitals established a partnership to develop a multiphase workplace literacy education program for currently employed workers for a period of 18 months. The MHSEP will be offered at each of the participating hospitals: John Hopkins Hospital, University of Maryland Medical System, Sinai Hospital of Baltimore, St. Joseph Hospital, St. Agnes Hospital, Liberty Medical Center, and Mercy Medical Center. The hospital partners have shown a strong commitment to this project by offering to pay each participant's regular salary for half of the total hours the student participates in the program, as well as other in-kind contributions.

The MHA is a partnership of Maryland hospitals with the primary focus of helping its members provide efficient, effective, high-quality care. As a partner in the MHSEP, the MHA is providing the services of career specialists, career packets, use of facilities for meetings, and promotion of the project in its newsletter and monographs.

This proposal to the National Workplace Literacy Program will offer basic and advanced literacy education for hospital workers to improve basic skills that are needed in the workplace so that employees will be able to (1) function in their current jobs with increasing competence, (2) move laterally or upward, and (3) meet changing job requirements.

The project will focus on career advancement, workers' participation in program development and governance, curriculum development, instruction offered in a work-based context, and a comprehensive counseling program. Critical support services such as the development of IEPs, individual counseling offered at beginning, interim, and end points, specialized workshops in learning styles, motivation, and stress, and a mentoring pilot will be incorporated in the project.

By developing a model for hospital service workers, Essex Community College plans to establish a curriculum of basic skills courses and supporting services that can be adapted to the health care field. The benefits of the program will be far-reaching as continuing education courses focusing on workplace literacy are made available to area health care facilities whose employees have inadequate basic skills. Essex continues a long history of offering courses in the workplace and serving the needs of adult learners, including a previous project funded by the National Workplace Literacy Program. ■

Fletcher honored

The Kansas Hospital Human Resource Administrators (KHHRA) selected Loretta Fletcher, director of human resources at Hutchinson Hospital, to receive the first Marilyn Gates Award. Presentation was at the annual Kansas Hospital Association's (KHA) convention in Topeka.

The award is in memory of Marilyn

Gates, who was the director of administration services for KHA. Ms. Gates worked with allied KHHRA members, advising legislative action and distributing interpretive bulletins on human resources issues.

Nominations are made by KHHRA members and are based on the nominee's contributions to the field of health care

human resources and leadership in KHHRA and ASHHRA.

Ms. Fletcher has represented KHHRA at state and national conventions and has presented several programs throughout the region on topics such as the American Disabilities Act and collective bargaining. She has also acted as a nationwide resource person for her peers. ■

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Med Tech and Graduate Nursing Programs To Close at SSU, Bowie State

Medical technology and graduate nursing programs are on the chopping block in the University of Maryland System and the ax may fall as early as next month. Both Salisbury State and Bowie State Universities are slated to lose graduate nursing programs; Salisbury's medical technology is also targeted for closing. The University of Maryland System, to which these colleges belong, is still reeling from budget cuts and searching for ways to be more efficient. The proposed program cuts are part of the System's solution to money woes.

The Board of Regents issued a report in December of last year to address these issues. Entitled "Achieving the Vision in Hard Times: II, An Action Plan for Reinvesting the System's Resources," the report lists the System's priorities. These include the following:

- enhancement of the flagship campus, the historically black institutions, Baltimore area research and graduate/professional education, and undergraduate education;
- faculty salary increments;
- facilities construction and renewal; and,
- telecommunications infrastructure.

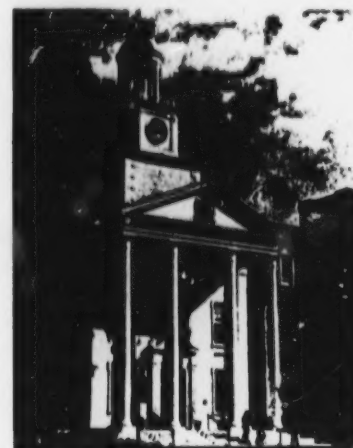
But even though enhancement of the historically black institutions is on the priorities list, Bowie State (a historically black institution) still stands to lose ten programs, graduate nursing

among them. This is particularly troubling to those who would like to see more minorities in allied health leadership roles. Bowie's graduate nursing program trains students to "assume leadership roles in the profession and practice in specialized areas of nursing," according to information provided by the University. These leadership roles include faculty positions in nursing schools where approximately 92 percent of nursing faculty are white, according to the National League for Nursing.

Salisbury State University (SSU) is slated to lose about seven programs, including medical technology and graduate nursing.

Losing the medical technology program will be a blow not only to

(continued on next page)



Will Salisbury State University lose its medical technology and graduate nursing programs? The University of Maryland System's Board of Regents makes a decision next month on the fate of these programs as well as that of graduate nursing at Bowie State University.

RWJ Gives MHA \$45,000 for LINC

The Center for Nursing and Allied Health Careers has been awarded a \$45,000 grant from the Robert Wood Johnson Foundation to support MHA's participation in the Foundation's Ladders in Nursing Careers program (Project LINC).

The Center received the news at the beginning of February.

Project LINC is a career advancement program for health care employees who are interested in pursuing nursing or allied health careers but are unable to do so because of numerous barriers. The grant provides technical and financial support.

"We are very excited about the

potential this project has to help us develop meaningful opportunities for entry-level workers, many of whom are minorities," says the Center's Director Catherine M. Crowley.

Under the LINC program, a full-time employee interested in upgrading his or her position can continue to work part-time while studying full-time for the new position. Salary, benefits, and seniority stay in place while students pursue their goals.

Typically, students who enter the program are long-term employees. In New York City, where Project LINC started, the average length of employment of a LINC participant was eight-and-a-half years. ●

Bowie, Salisbury State Nursing

(continued from preceding page)

the university but to the Eastern Shore. "We have a clinical affiliation for medical technology at SSU," says Gary DuJordan, employment specialist for Peninsula Regional Medical Center in Salisbury. "We get most of our med techs from them. It's going to have a very definite impact on our recruiting."

DuJordan points out that the closest "full-fledged" med tech program is in Delaware, over an hour away. Losing SSU's med tech program is a major concern to the hospital.

"I don't have a clue as to how they're going to make the final decision," says one source close to the med tech program. "They claim the program has 'low productivity.' But they only looked at last year's numbers. It was the worst year ever for costs."

The program's department chair, Johanna Wilson Laird, is obviously also concerned. She helped put together testimony and a fact sheet about the program that she hopes will sway the Regents to reconsider their decision. Appeals for the med tech as well as the nursing programs were conducted last month. The fact sheet contains the following points:

- A recent national survey found the average cost per student in med tech programs was \$21,000 while SSU's projected 1992/93 per student costs should be less than \$6,000.

- The average number of students in medical technology programs in the United States is ten which is consistent with SSU's enrollment.

- SSU med tech students enjoy a 100 percent employment rate following graduation.

- SSU's program is one of only two baccalaureate med tech programs in the State.

- A survey of students and graduates found that most would not choose the major if they had to attend an alternative institution in the System.

- A survey of seven large area laboratories revealed that of 232 full-time equivalent positions, only one position was held by a UMAB graduate.

This last fact is significant because, according to the Regents' plan, med tech students' transfer to UMAB would be facilitated to make up for the void left on the Eastern Shore.

But Peninsula Regional's DuJordan doesn't have to see the survey to doubt the wisdom of that move. "A lot

of them (the medical technologists) are local and they stay local. They feel comfortable here," he says.

Several observers believe that the primary focus of the Regents' plan is on cost-effectiveness. At the March appeal of the decision, many questions about the med tech program only dealt with numbers, not the substance of the program. "Med tech is just plain not a large major anywhere it is. I just hope they read the information and take it seriously," Laird says. She points out that lab programs naturally have higher per pupil costs than other programs. SSU is also slated to lose its chemistry program, making it one of less than a handful of schools in the country with "university" in the title that don't offer chemistry.

Laird's concerns for her program are echoed in the nursing department where graduate nursing will go the

way of med tech if the Regents' plan is finalized.

According to Karen Badros, dean of SSU's School of Nursing and Health Sciences, this would leave a hole in nursing education in the area. "Our master's program was developed because of the critical shortage of nurse managers in the region," she says. "We specialize in rural health. We are one of only about 12

similar programs in the U.S." Salisbury State is also home to the only "accelerated" graduate nursing program in the State. Under this program, students who have a non-nursing undergraduate degree can enter a special track that leads to both a B.S. and a M.S. in Nursing in six semesters of full-time study.

What will happen to nursing students once these programs are gone? Although no final plans have been made, one possibility would be for the System to direct nursing students, with their med tech counterparts, to UMAB.

Currently, Frostburg State University operates a nursing program with this approach. Students begin their studies at Frostburg and then continue them at UMBC. But Badros thinks that strategy would not be as effective. "We are already in place," she says. "We have very low administrative costs and a committed faculty."

Also, Frostburg's program was created to address the need for nursing education in that region; it did not replace an ongoing program. And even a Frostburg professor laments the fact that students tend to stay in the region where they get their degrees, which means western Mary-

"We have a clinical affiliation with SSU. We get most of our med techs from them. The program closing will have a definite impact on our recruiting."

Gary Du Jordan, employment specialist, Peninsula Regional Medical Center

land could be losing potential nurses because of the collaborative program.

After all appeals are heard, the Regents will hold a meeting that will respond to the appeals. "They may not respond with action but maybe request more information," says Anne Johnson Moultrie, director of media relations for the University of Maryland System.

Moultrie says the System has found it cannot afford to be "everything to everybody." "This is a strategic plan to make sure that the programs we have at the institutions are strong programs, programs that we can support adequately, appropriately," she says. Final action on the appeals is expected by May 7.

While appeals are in progress, a nursing task force is also working to look at coordinating nursing education in the State. Although this task force was formed as a charge from the Board of Regents, they are avoiding talk of the graduate programs' closings, according to Barbara Heller, dean of the School of Nursing at UMAB and the task force's head. "We have agreed not to discuss it until the appeals have been heard." While it may seem difficult to discuss nursing education without touching on this topic, Heller maintains that the task force is having healthy discussions about other subjects, such as how to enhance the quality of nursing practice, and how to advance the nursing profession in the State. She is adamant in her refusal to discuss the proposed closings. "It is premature to be issuing any statements," she says. "It's still not clear which way we will move on this." ●

Summer Leaves MHA for West Virginia

Steven Summer, MHA's senior vice president, left for West Virginia this winter to become the president of the West Virginia Hospital Association. During his 16 year tenure at MHA, Summer oversaw the development of the Center for Nursing and Allied Health Careers, the Quality Indicator Project, and the start-up and growth of *PRIME*.

Reached at his West Virginia office in Charleston, Summer said one of the highlights of his career at MHA was the creation of the Center for Nursing and Allied Health Careers. "Having members understand the value and importance of the Center was a highlight," he said. "It's an opportunity to help hospitals respond to their needs for health manpower on a continuing basis and not be driven by statistics but by the need to constantly have an influx of people."

Another high point of his years at MHA? "One of my best decisions was recruiting Catherine Crowley. She's the one who made the Center what it is." Crowley is the Center's director. She was recently promoted to assistant vice president.

MHA President Cal Pierson also designated Senior Vice President Andrew Wigglesworth as the vice president in charge of the Center. ●

Quick Takes

"Nursing Approach," the first national television news series created for and about nurses premiered on Saturday, January 2 on CNBC-/American Medical Television. The one-half hour program is produced by Sigma Theta Tau International, an honor society of nurse leaders, scholars, and researchers. It is the second largest nursing organization in the U.S. The first half of the show was devoted to various "news makers" such as the nurses at the University of Arkansas for Medical Sciences who are successfully teaching Alzheimer's patients how to dress themselves. The second half of the program featured health research and women's health. News and comments for the show can be addressed to "Nursing Approach," Sigma Theta Tau International, 550 W. North Street, Indianapolis, IN 46202.

Memorial Hospital at Easton, in conjunction with the Maryland Institute for Emergency Medical Services Systems (MIEMSS) and Caroline County government, announced the implementation of an Emergency Medical Technician-Paramedic (EMT-P) training program in January. The program will train 19 local Cardiac Rescue Technicians for an additional 400 hours to the advanced level of EMT-P. Training began February 3 and will end in November.

According to an October 21, 1992 *Chronicle of Higher Education* article, tuition at both two-year and four-year public institutions has increased by ten percent over last year, while tuition at private four-year institutions increased by seven percent, and tuition at private two-year institutions increased by six percent.

To provide better service to emergency room patients, Frederick Memorial Hospital started using physician's assistants in the ER in January. "Having physician's assistants treat individuals with minor injuries or illnesses will help expedite emergency services," Dr. Stephan Mann, chairman of the hospital's Department of Emergency Medicine, said in a *Carroll County Times* article on the subject.

Forty-seven nominations for Maryland Hospital Nurse of the Year have been received by the Center for Nursing and Allied Health Careers. The award, now in its fifth year, will be presented at a ceremony on May 20th at the Governor's Mansion. All MHA hospitals are eligible to nominate nurses for the award. Details of the ceremony will appear in the summer issue of *Centerpoint*. ●

Physical Therapy Task Force Attacks Shortage Problems

The Maryland Hospital Association's Center for Nursing and Allied Health Careers has formed a Physical Therapy Task Force to examine the critical labor shortages in this area. The Task Force's charge is to develop a set of recommendations about how the shortage can be addressed. Two meetings have already been held at which mostly information-sharing took place.

Charles D. Mross, president and CEO of Franklin Square Hospital Center, is one of the group's co-chairs. "Specifically, we'll be looking at the shortage from the hospital's perspective," he says. "What contributes to the shortage? What actions might help alleviate it? But we're trying to do this in the context of understanding all the different roles in which physical therapists serve."

At the first meeting, members shared recruitment and retention strategies that were successful. Some strategies included: timing hiring to coincide with the graduation cycle, offering scholarships, and developing career ladders. The Maryland Chapter of the American Physical Therapy Association reported on its strategies to increase the number of physical therapists in the labor market, including searching for inactive PTs and getting them into refresher courses; working with the Board of Physical Therapy Examiners to facilitate entry into practice; and, participating in the National APTA Adopt-A-Doc Program whereby state associations help sponsor a Ph.D. candidate and thereby ease the PT faculty shortage.

Representatives from the University of Maryland were also on hand to discuss UMAB's physical therapy program. The school now has three classes of 68 students each after changing from a B.S. degree program to an entry-level master's degree program.

"The first meetings are building the foundation of understanding the current environment especially in the education arena," says Mross. "Also, we're trying to explore the issue of alternative providers of physical therapy tasks, such as physical therapist assistants. ●

BCCC Coder Program Continues to Grow

Baltimore City Community College graduated its largest class, 12 students, of medical coders last June and if Betty Mitchell has her way, the program will continue to grow and thrive. Mitchell is coordinator of the College's Health Information Technology and Coding Certificate Specialist Program. "There are just a handful of such programs around," she says of the certificate program. "We were the first A.A. degree program in health information technology and the first medical coding certificate.

The coding specialist program prepares students to work in health care settings converting diagnosis and procedures information from charts into specific codes

that are tied to reimbursement, social work, and research. Mitchell says that while there may be many non-credit courses in coding available, BCCC's students receive college credits for their course of study.

Although the coding certificate program is only 24 credits, it may take students three or four semesters due to the prerequisites. (As with many health care programs, students must have completed a course in biology before entering.) But that doesn't seem to deter students. "We've had students who've had masters degrees come into the certificate program," says Mitchell.

BCCC's A.A. program in Health Information Technology prepares students to perform a variety of technical health information management functions. Students enrolled in both programs are eligible to take national certification examinations when they graduate. ●

Surg-Tech Starts at Allegany

Allegany Community College began its first program in surgical technology last fall. The two-semester certificate program is the only surgical technology program in western Maryland, according to its director, Cathy Whitesides, RN. "Some surgeons in the area came to the College and said they felt there was a need for such a program," says Whitesides.

About 22 students from Maryland, Pennsylvania, and West Virginia entered the program, but that number has dropped to 17. Whitesides herself is from West Virginia University Hospital, Inc. in Morgantown where she works as a Certified Operating Room Nurse. Like other health care students, many of the surgical technology students at Allegany can be described as "nontraditional" — for some it is a second career choice, others are single mothers, many are older than the traditional student. "Our youngest student is about 20," says Whitesides. "Our oldest is about 40. We only had one or two who went straight from high school into this."

Two area hospitals, Memorial Hospital & Medical Center and Sacred Heart Hospital, provide the clinical experiences for the program. In order for the program to remain financially viable, says Whitesides, there must be about 18 students enrolled. ●

Essex Community College Gets Literacy Grant

Seven Baltimore-area hospitals and Essex Community College are the recipients of a \$483,000 Workplace Skills Enhancement Grant from the U.S. Department of Education. The grant funds a multi-phase Maryland Hospital Skills Enhancement Program. The seven participating hospitals are Johns Hopkins Hospital, Liberty Medical Center, Mercy Medical Center, St. Agnes Hospital, St. Joseph Hospital, Sinai Hospital of Baltimore, and the University of Maryland Medical System. ●

The Challenges of Recruiting Workers Across State Lines: Three Hospitals Share Their Stories

Hospitals near state borders face some unique personnel recruiting problems. Differences in scope-of-practice laws among the states can severely hamper human resource managers in their efforts to attract top-quality workers.

In January, *Centerpoint* interviewed Brooks McBurney, the president of the Maryland Healthcare Human Resources Association. McBurney is also vice president of personnel services at Washington County Hospital Association, a 300 bed facility in Hagerstown. In the course of that interview, McBurney spoke about a recruiting challenge peculiar to border institutions such as his own: "Basically, the State of Maryland has determined that radiographers should be licensed," he said in that conversation. "But we're near the Pennsylvania border where they don't have to be licensed."

In a subsequent interview, McBurney elaborated: "The licensure for radiologic technologists is not required in Pennsylvania or West Virginia," he says. "Most hospitals do have a self-imposed certification requirement but because it's self-imposed, there's some flexibility." The licensing requirement adds worry and cost to his budgeting process. Will the unlicensed technologists stay in Maryland? And, how much will it cost the hospital to help them get their licensure?

"Certainly, whoever we've hired in this capacity cares for their patients. But one of our concerns is that we have some people who are involved in nuclear medicine that are 'home grown.' Now we have to pay for their education (in order to get licensure)," he says. To those who would argue that hospitals should have hired only certified workers in this field to begin with, McBurney responds: "We took people with biology backgrounds and trained them. It's doubtful whether having the licensure will change them."

Washington County Hospital Association also faces another border-influenced recruiting problem. Nursing assistants must be certified when working in extended care facilities in Maryland, he says. Washington County is currently expanding its extended care facility and starting to beat the bushes for certified nursing assistants. In fact, the hospital wants to hire about ten of them. Trouble is, bureaucratic boondoggles keep McBurney from

using Pennsylvania nursing assistants, even if they're certified in their home state and even if they're more experienced than the certified ones he can recruit in Maryland. "We can't get past square one," he says. "It's very complicated. Maryland will allow Pennsylvania certified nursing assistants to apply for a Maryland license but in doing so, the person has to void their Pennsylvania license. So what happens if we hire someone from Chambersburg and four months down the road, we find that person doesn't work out?"

While McBurney looks for strategies to deal with those complicated issues, other border hospitals cope with challenges in different fields. Garrett County Memorial Hospital is located in Oakland, just a hop, skip, and jump from the West Virginia border and not too far from Pennsylvania either. Annette Livengood, Garrett's director of personnel and public relations, finds their



Washington County needs 10 nursing assistants. Can they find them in Pennsylvania? Not if the assistants want to retain their PA certification, says Brooks McBurney, Washington's vice president of personnel services.

border problems occur mostly in the physical therapy field.

The most difficult field in which to fill vacancies, physical therapy recruiting is competitive at best and ruthless at worst. For Livengood, this challenge is complicated by Maryland licensing regulations that will not allow therapists to gain licensure until they have their diploma in hand. It seems simple enough but here's the problem: "The people who graduate from West Virginia University in the off-semester do not actually get their diplomas until December," says Livengood. "So, even though they're graduates, the Maryland board won't issue them a license until they actually have the diploma." Waiting for that piece of paper sometimes amounts to a four-month delay for the graduate who matriculates in September. What does Livengood do? "In one or two situations, we've hired them as physical therapy aides and not allowed them to do physical therapy work until they actually have the license." Although she doesn't believe she's lost candidates because of the licensure delay problem, it does cause some workload troubles. "When you only have a staff of two or three and one has to work as an aide, you may have to restrict your services extensively," she says of Garrett's

Garrett Memorial hires physical therapy graduates from the University of West Virginia but can't use them as PTs until their paperwork for Maryland licensure goes through — sometimes four months later.

problems.

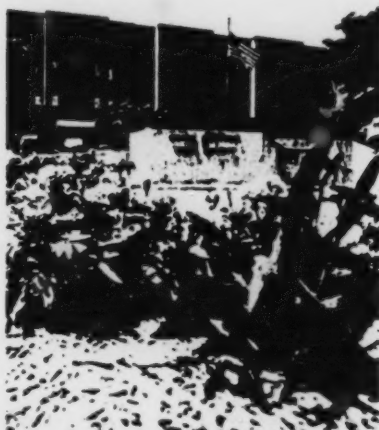
But even though recruiting physical therapists presents her with tough challenges, getting physical therapist assistants can be even tougher. "There are no physical therapist assistant schools near us," she says. "I think the closest one is in Pittsburgh or Ohio."

Across the state, Union Hospital of Cecil County wrestles with physical therapist recruiting problems too. But this 166-bed Elkton hospital throws its recruiting net into nearby Delaware when it goes fishing for physical therapists. This results in a delay problem as well. Although these Delaware physical therapists have a license in their home

state, applying for the Maryland licensure may take anywhere from six weeks to two months, according to Union's Personnel Director Mary Lou Knox. In order to stay competitive, however, the hospital hires them at the physical therapist wage, and, like Garrett Memorial Hospital, uses them to perform aide duties until the licensure comes through. "If we didn't pay the

physical therapist rate," says Knox, "It would be hard for us (to attract therapists)." At one point, the hospital did not use this strategy. "We realized that this was the only way we were going to get anyone," says Knox.

The director of the hospital's rehabilitation services, Michael Pino, says the physical therapy border problem is not so pressing anymore. The University of Delaware, about six miles away from the hospital, now allows students to designate more than one state to send scores to, smoothing even more wrinkles out of the licensure problem. But whereas the delay doesn't bother Pino when hiring full-time staff, it is a problem when looking for temporary workers. "We have an opening in occupational therapy," says Pino. "I've been trying to get some temporary help and the place to look for it would be Delaware. But because of the licensing thing and the delay, it's not worth it. And unless applicants are going to use the Maryland license on a regular basis, it's not worth it to them." ●



Licensure delays in Maryland cause problems for Union Hospital of Cecil County, located near Delaware. Temporary workers would be easier to hire if they didn't have to apply for Maryland licensure to work at the hospital.

Will State Nursing Board Require R.N. First Assistants to Be Certified?

The Maryland State Board of Nursing recently sent out surveys to all directors of nursing in the State asking about the use of Registered Nurses as First Assistants in the Operating Room. The nine-question survey is due by May 1. It asks such questions as who supervises the R.N. First Assistant, where did the R.N. attend a First Assistant Course, what procedures are R.N. First Assistants expected to perform, and is the R.N. First Assistant required to hold certification as a perioperative nurse.

Why is the Board doing the survey? "The issue of R.N.s as First Assistants in the OR has been around for some time," says Mary Jane Peitersen, R.N., advanced practice consultant to the Maryland Board of Nursing. "Recently, there's been a push for national certification in this area."

Peitersen says that the Board put out a policy statement on this issue some years ago in which they said it was acceptable for R.N.s to serve as First Assistants. But the Board thought the time was right to revisit the topic. The Association of Surgical Technologists administered its first national certifying examination for First Assistants this year. And, Peitersen says the Maryland Board periodically receives requests for some kind of certification from institutions offering First Assistant courses.

Although the Board cannot predict what will happen until the survey results are in, Peitersen says if they decide they want to pursue requiring certification for R.N.s as First Assistants, a task force would be formed to consider the issue. "Right now, there are no states that require it," she says. "The survey is kind of a feeler." ●

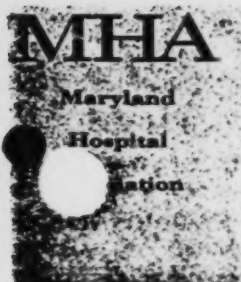
Coming Events

"Competency Assessment in Healthcare," May 28 at Guest Quarters Hotel at BWI. 9 a.m. to 4 p.m. This seminar explores the process and offers practical help in implementing the concept of competency assessment. Co-sponsored by the Maryland Hospital Education Institute and the Center for Nursing and Allied Health Careers. For more information, call (410) 321-6200.

Centerpoint is published four times a year (January, April, July, and October) by the Maryland Hospital Association's Center for Nursing and Allied Health Careers, Catherine M. Crowley, assistant vice president. Editor: E. L. Sternberg

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CENTER POINT

Summer 1993

Vol. 6, No. 3

Will Physicians Share the Primary Care Stage with Other Health Care Providers?

Editor's note: In the health care reform debate, the role and number of primary care physicians has special significance for the allied health professions. Currently only about 14 percent of medical school graduates enter primary care fields. Will other health care providers fill the gap? And will physicians fight or support such change? In May, Centerpoint asked both Michael E. Johns, M.D., dean of the Johns Hopkins University School of Medicine, and Donald E. Wilson, M.D., dean of the University of Maryland at Baltimore's School of Medicine, to answer several questions on this subject. For the sake of clarity, the respondents are identified by their institution's abbreviation: UMAB for University of Maryland at Baltimore, and JHU for Johns Hopkins University. Answers have been edited due to space constraints.

Q. What percentage of your graduates enter primary care fields?

A. JHU: Approximately 16-19 percent of Hopkins ScM (School of Medicine) graduates eventually practice in the area of primary care.

UMAB: Over the past seven years, our School has ranked in the top 26 percent of schools in terms of number of graduates selecting a primary care career.

Q. What, if anything, is your school doing to influence the number of medical graduates entering primary care?

A. JHU: a) Curriculum Reform: The goal of the ScM is not to create any particular kind of physician, but to educate a physician who is capable of taking any path in medicine or surgery after graduation. The JHU ScM curriculum always has been designed to provide students with a broad base of high quality experience in medicine and surgery.

For several years the ScM has been planning and is currently implementing a revised curriculum that places more emphasis on early experience of day-to-day practice in community settings. The new curriculum

links first year medical students with 60 participating community physicians, where the students spend at least an afternoon every other week observing in a physician's office. (This is a significant departure from the traditional curriculum where students have spent the first two years of medical school taking basic science courses,

(continued on next page)



MHA's Hospital Nurse of the Year Award went to an oncology nurse from the mountains of Cumberland. For a glance at her special outlook on nursing as well as photographs of the festivities where she was honored, turn to page 3.

Rehab Counselors Show Up for Interviews

Several hospital human resource personnel have noticed what could be a new trend — job applicants showing up for interviews with their rehabilitation counselors in tow. At least three Maryland hospitals have reported this and most find it disconcerting.

"I have seen a total of four rehabilitation counselors calling and then showing up with applicants for an interview," says one recruiter. "I'll be honest with you. I felt like I was sitting before an attorney."

The reason for the uneasiness is the newness of the ADA rules and recruiters' desire to do everything properly and accommodate disabled

applicants. The recruiter mentioned above did go on to say that the counselors provide a great support system for the applicants, however.

While the recruiters contacted in this story saw this practice as a new phenomena, a spokesperson for Maryland's Division of Rehabilitation Services, says it is not a new policy. "Our counselors have traditionally accompanied clients when it's appropriate," says Michelle Pointer, special assistant to the Assistant State Superintendent, Division of Rehabilitation Services. "The person who's accompanying a client is just one more person on the team assisting with placement of the individual." ●

Primary Care Roles Changing

(continued from preceding page)

with clinical exposure beginning only in the third year.) Students observe the physician, but also study the physician/patient relationship. The physician's work and this relationship serve as subject of discussion and further work in the classroom — but they also provide early mentoring in the generalist setting.

This is part of our new four year course, "The Physician and Society," that explores the physician/patient relationship, medical ethics, legal issues, finances, the history of medicine, politics, and other aspects of the role of the physician in society. And we are about to institute new clinical rotations in generalist practice for all medical students and further measures to ensure that Hopkins is "generalist friendly."

b) GME Reform: I (Dr. Johns) am a proponent of incorporating mandatory national service into graduate medical education as a way to help solve the physician distribution problem and to expose more physicians to care in underserved settings. I also support the concept of adjusting the number of specialty and generalist residency training positions in order to achieve a better mix of physicians.

UMAB: Even as society tells us it wants more compassionate, accessible, affordable, high-quality health care, more primary care physicians and fewer specialists, specialists are exactly who we want to see when we or someone we care about is ill...What the University of Maryland or any school of medicine can do to reverse this trend (of fewer medical grads going into primary care) is to try to influence the number of graduates entering primary care. Many medical schools, including ours, have accepted the challenge to revise their curricula to increase student interest in primary care. We are developing a problem-solving approach that will provide more small group teaching and more earlier exposure to patient care in ambulatory settings. We will make ethics and biomedical ethics a more integral part of the curriculum from year one, and we will increase emphasis on preventive medicine...I find myself reminding people all too often recently that medical schools do not train specialists. What we do is confer the Doctor of Medicine degree after four successful years of study. What career path a young man or woman chooses to pursue after that is a matter of personal choice.

Q. Do you see the role of nurse practitioners and physicians' assistants changing? If so, in what way? And, do you think other health care professionals should be allowed to fill the primary care void if there are not enough primary care physicians to do so?

A. JHU: The most important consideration in determining the role of nurse practitioners, PAs, and other health professionals should be whether we are meeting the health care needs of our society by providing the highest quality

medical care to all who need it. There likely will be new roles and opportunities for nurses and PAs, through new forms of teamwork and expanded training opportunities.

Within the next ten years we're going to see the emergence of many new multi-specialty and multi-disciplinary group practices — not just groups of physicians practicing together, but groups of various health professionals, working as teams. Of course, we will incorporate the nursing profession into that team. But there will be social workers, psychologists, public health workers, nutritionists, and a variety of other health professionals. These new mixes of health workers will breed new forms of cooperation and collaboration, as well as new forms of competition with other groups in the delivery of cost effective and efficient health care.

UMAB: Physicians must also understand and welcome the contributions of other health care providers, such as nurses, nurse practitioners, physician's assistants, physical therapists, etc. as we seek to provide both responsible and responsive health care. We must all become a part of this unfolding drama.

Q. Is your school working with other schools or groups to address the primary care issue? If yes, how?

A. JHU: The School of Medicine has been working on health care reform and primary care issues with the new administration in Washington, and for some time with Congressional leaders, state and local officials, health care experts, leaders in medicine and science, leading foundations, and leaders of other medical schools and centers. We will continue to work with them and to do our part to meet the health care needs of our society. ●

SSU Retains Lab Program

The University of Maryland System Board of Regents has spared Salisbury State University's med/tech program from the chopping block, but no decision has yet been made about the fate of two graduate nursing programs.

Both Bowie State University and Salisbury were slated to lose their graduate nursing programs as part of a massive overhaul of the System's programs. But after listening to appeals, the Regents voted in a June 11 meeting to grant the programs a one-year reprieve. "The Regents would like to continue to study the issue," says John Lippincott, UMS associate vice chancellor for advancement. "They wanted additional information on the impact of their decision."

While the delay is a relief to many who feared the programs were lost, Lippincott reports that a motion to keep the programs open indefinitely was defeated by the Regents at the June meeting. The one-year delay was then put on the table and passed.

How will the year-long study of this issue be conducted? Lippincott wasn't sure, although he believes the Regents will address that topic at their August meeting. ●

1993 Maryland Hospital Nurse of the Year

Memorial Hospital and Medical Center of Cumberland's Julie-Anne McMorran Hardy, R.N. was chosen, from a field of forty-five nurses, to receive this year's Maryland Hospital Nurse of the Year Award. Hardy, presented with the award on May 20, works in Memorial's Outpatient Chemotherapy Department. A certified oncology nurse, she was instrumental in developing and maintaining a support group for cancer patients. She started a "Look Good, Feel Better" program which encourages cancer patients to take an active interest in looking their best, which in turn makes them feel better about themselves. She is a tireless patient advocate. After becoming aware of some cardiac clinic patients' difficulties in acquiring medication due to financial difficulties, she contacted the drug company and took the necessary steps to enroll the patients in a program that will supply their medicines until they can afford such expenses. Hardy has also appeared on local radio shows to promote public education about cancer, teaches Breast Self Exam at local churches, and is active in the American Cancer Society.



The nominees and friends

As in past years, Governor William Donald Schaefer and Maryland's official hostess, Hilda Mae Snoops, hosted the ceremony at the Governor's Mansion in Annapolis.



*Julie-Anne McMorran Hardy, R.N.
and Governor William Donald Schaefer*

"Choosing a career was not easy, especially for a 17-year-old, but I knew I enjoyed people and the feeling I got from helping others. I decided that becoming a Registered Nurse would be an honorable, exciting professional goal which would allow me to make a difference. Twenty years later I still believe nursing is an honorable profession with limitless rewards and opportunities...I am continually amazed at the strength, courage, and faith my patients have. That strength motivates me to do whatever I can to educate them, to ease their pain, and to make their lives as full as possible." Julie-Anne McMorran Hardy, R.N., Maryland Hospital Nurse of the Year.

Quick Takes

Nurse refresher courses are on Anne Arundel Community College's schedule this coming academic year. According to Continuing Education Coordinator Donna Bruce, RN, the college plans two: one for RNs beginning September 13 (with an Open House on September 1), and one for LPNs beginning in January. Call (410) 541-2461 for more information.

The Maryland Hospital Skills Enhancement Program that received a \$483,000 grant from the U.S. Department of Education recently received more good news. The Maryland Department of Education is also kicking in \$18,721 for staff development. The funds will go to provide the part-time teachers with the best methods of doing portfolio assessments. Already, the program, which

involves seven hospitals and Essex Community College, has attracted 300 participants for the first session.

As the health care debate rages, recent reports on salaries of health professionals have added fuel to the fire. According to a March 31 *Baltimore Sun* article, a survey by Democratic pollster Celinda Lake asked people what they thought health care workers earn. In just about every field, the survey showed that public perception of fair salaries is lower than actual compensation.

According to a February 23 *USA Today* article by Nanci Hellmich, at least "one out of every four dollars Americans spend on health care each year goes to treat conditions that result from alcohol abuse, drug use, smoking, street and domestic violence, and other potentially changeable behaviors." ●

Florida Tackles Licensure

"For hospitals to be successful, they must...have the capability to be creative, flexible, and accessible to provide patient care. A major barrier to flexibility for hospitals to meet the demands that will be placed on them is the rigidity of the work force."

These words come from a draft of a policy brief prepared by the Florida Hospital Association. At first glance, this may appear to be a line drawn in the sand, but in reality it is a unique cooperative effort between health care professionals, organizations that represent them, hospitals, and other health care groups. Called the Licensure 2000 Task Force, it met four times to address several licensure issues in Florida, including cost of licensure, the relationship between licensure and quality, membership on the professional boards, alternative delivery models, and the ideal form of licensure.

"Florida is one of the most highly regulated states," says FHA Director/Human Resources Barbara J. Sanborn. "The purpose of the task force was to look at licensure and regulations to see if we couldn't develop a more flexible approach."

The task force's four meetings provided an interesting study in group dynamics. "The first meeting was tense," says Sanborn. "But by the fourth meeting, the group was really listening. If we accomplished nothing else, we got these people talking to each other."

The task force's policy brief was presented to FHA's Board of Trustees in June. Among its recommendations are:

- to advocate for a balanced (professional practices) board composition representing all practice settings;
- to encourage legislation to allow portability for all health care professions based on comparable education requirements and comparable scores on national exams;
- to encourage professional boards in the state to work toward flexibility and consistency in the practice acts and board procedures;
- to encourage providers and educational institutions to sponsor programs to train extenders; to investigate and review the possibility of offering more board exams spaced more reasonably throughout the calendar year;
- to collaborate with professional associations to generate acceptance and where necessary development of national board examinations; and,
- to improve the system at the state board offices to provide immediate information on licensure.

"This was a positive experience for us," says Sanborn of the group's work. "As we look at health care reform and using personnel in different ways, hospitals will have to become involved in these issues in some way." ●

Clarifications, Corrections

It all started with a story about the Maryland State Board of Nursing. The spring 1993 *Centerpoint* reported that the State Board was surveying directors of nursing about the use of Registered Nurses as First Assistants. Buried in the third paragraph was this sentence: "The Association of Surgical Technologists administered its first national certifying examination for First Assistants this year."

Therein lies the rub.

Two readers have contacted this newsletter to point out that RNs *cannot* take the AST's test, that instead they can now take the Registered Nurse First Assistant certification examination, which was first offered in March of this year.

But wait — this just in: a spokesperson for AST says that RNs *can* take the AST test after all. However, it's unlikely that they would because they would first have to be CSTs (Certified Surgical Technologists). The only RNs likely to take the exam, therefore, are those who started their career in the CST field.

RNs who want to become certified as First Assistants are encouraged to seek certification through their own professional organization, says Pam Gibson, director of certification for the National Certification Board: Perioperative Nursing, Inc. In a letter to *Centerpoint*, the Certification Board's Executive Director Susan Puterbaugh, RN, points out that her organization offers the "only certification program available to RN first assistants."

Centerpoint apologizes for the confusion. ●

Coming Events

Health Care Leadership Institute: July 18-23; Mount St. Mary's College in Emmitsburg; fourth annual institute for hospital managers, very intense program that helps participants build leadership skills; goes beyond the usual supervisory techniques. For information on facilitators, etc., call MHEI at (410) 321-6200.

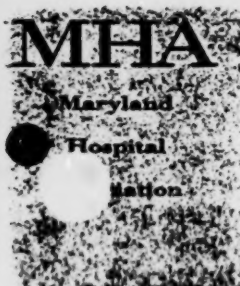
The 21st Century Health Care Delivery Systems and Paradigm Shifts: Health Care Specialists to Multi-Skilled Practitioner: November 4; Hyatt Regency Inner Harbor, Baltimore.

Centerpoint is published four times a year (January, April, July, and October) by the Maryland Hospital Association's Center for Nursing and Allied Health Careers.

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CENTER POINT

Fall 1993

Vol. 6, No. 4

Back to School Issue

"Refreshed" PTs...Making a Mark on Education Systems...Reform Seminar..

To close or not to close graduate nursing programs at Salisbury State and Bowie State Universities — this is the question a special committee formed by the University of

A new committee will study whether to close Salisbury and Bowie State's graduate nursing programs. It might accept outside comments.



Maryland System (UMS) will study this year. The programs were put in limbo after UMS Regents voted at their June meeting to grant a one-year reprieve while closure was more fully explored. Previously, the programs were on the chopping block as part of general system restructuring and cost-savings measures.

What form will the study take? Gertrude Eaton, associate vice chancellor for academic affairs at UMS, will act as chair. "The group will be comprised of representatives from nursing programs in the system," says system spokesperson Anne Moultrie. "It may not be the same (as the task force) but there may be some overlap." Moultrie is referring to a system-wide nursing task force that has studied various issues related to nursing education over the past year.

Moultrie says letters to potential committee members should have gone out in September. Although uncertain of the exact deadline, she anticipates their work will be done in Feb-

ruary or March and then be forwarded to the Chancellor and on to the Regents.

Will there be opportunity for comment from those outside the system? "I know that in other UMS issues, there has been (such) opportunity," says Moultrie. She assumes this group will act in a similar fashion. Eaton herself believes that the committee would be able to circulate its report to outsiders for comments. She says the committee needs to identify the issues and decide how to address them.

The previous nursing task force was chaired by University of Maryland at Baltimore Nursing School Dean
(continued on next page)

Shady Grove Commits to Diversity

Thirty-eight different countries are represented in the Shady Grove Adventist Hospital's work force. It's just this kind of cultural diversity that led the hospital administration to form a multi-cultural advisory committee three years ago.

In terms of real numbers, the majority of Shady Grove's work force is white. African-Americans represent 15 percent, Hispanics 7 percent, and Asians 9 percent. But after attending a leadership outing on the topic of cultural diversity, Shady Grove staff decided to make a commitment of its own to developing education programs and systems to address cross-cultural issues. Terry Barnes, assistant director of human resources, was the chair

of this committee.

The hospital's commitment is reflected in the committee's many accomplishments. The hospital has developed an administrative policy on valuing diversity; assisted the implementation of the Spanish-language version of a hospital brochure; ensured that multicultural groups were represented on a hospital video; distributed language charts to facilitate communicating with those who don't speak English; developed and implemented a language bank; observed various cultural months featuring artifacts, music and ethnic meals; included as part of the first line management course a topic on "Managers
(see "Shady Grove", page 4)

In This Issue

- **Physical Therapists, More and Less**
- **Infiltrating Education Systems**
- **Seminars for Survival**
- **Refresher Courses for LPNs**

Education News

(continued from preceding page)

Barbara Heller and was comprised of the five heads of nursing departments at the other UMS schools: Coppin, Towson, Salisbury, and Bowie. With two of the five members representing programs set for closure, it was difficult for the task force to discuss graduate nursing in any substantive way. The issue was a difficult one to discuss because there was an appeal in process, says task force member and chair of Towson State University's Department of Nursing Cynthia Kielinen, R.N. While the group avoided talking about graduate programs, they did have fruitful discussions of other nursing issues. Task force member Doris Starks, dean of Coppin State College's Division of Nursing, cites the topics of sharing resources and getting minorities into graduate school as some of the productive and positive results of the task force's meetings. Task force chair Heller is pleased that the Regents have decided to form a new committee to tackle the issue of closure of graduate programs. "The leadership for this needs to come from the chancellor and the system," she says.

School partnerships are common today but The Memorial Hospital at Easton takes the idea a few steps further. Their program not only includes the traditional hook up with local schools but scholarships for student workers, job shadowing programs, representatives from the local school board on their board, and lunches with the superintendent of schools.

"I'd be happy to talk to any hospital that would like to look into what we do," says Vice President for Public Affairs Patti Willis. Willis reports that the various counties in their region have seen some turnover in school superintendents in recent years. Each time a new one has come on board, "we invite them to lunch and explore mutual opportunities," she says.

Some of those opportunities are likely to be explored at the board level too. The Memorial Hospital Association, the hospital's community relations arm and nominating organization for the hospital's board, includes representatives from the three local county school systems. "Either the superintendent of schools or a designee," is on the association, says Willis. In addition, one member of Talbot County's School Administration sits on Memorial's Board of Directors and Talbot's Health Curriculum Coordinator is on Memorial's planning committee. The President of Chesapeake College, the local community college, also is a member of the hospital's Board of Directors. Also, representatives from

Members of Memorial's Board sit on educational planning committees and represent the local community college board.



the hospital sit on many advisory boards in the school systems and the community college.

In the area of scholarships, Memorial gives \$500 a year, to a \$2000 cap per person, for college tuition for any student who works at the hospital for a minimum number of hours per year. This program has been operating for about three years.

The hospital also has a relationship with a career technology school in Caroline County; twice a year, students from the school come to the hospital, hear an overview of a variety of health care professions, then go to the actual departments to spend part of the day shadowing employees in those areas. "The side effect of this is the real sense of pride and personal satisfaction it gives our employees," says Willis.

Although not all this activity produces easily quantified results, Willis has no doubt of its benefits. She believes that employers who become involved in education will benefit the entire pool of workers. "In the long haul, we will have employees who early on set some clear career sights," she says. For information about Memorial's efforts, contact Willis at (410) 822-1000, ext. 5508.

Good news and bad news from the physical therapy education field. First, the good news: In an effort to lure practitioners back into the field, the American Physical Therapy Association of Maryland, Inc. held its first refresher course in June. Even better news is the result. Nancy Ciesla, chairman of the APTA of Maryland's Professional Relations Committee, reports that 32 therapists attended, most of whom were only working part-time; about nine were not working at all. The topic of the one-day course was "Manual Therapy for the Cervical and Upper Thoracic Spine."

Held in Columbia, the course attracted participants from around the state. Feedback was positive and it's no wonder. The APTA did some solid research to find out the ideal topic, day, location, fee, and even child care possibilities. "We sent out a survey last fall to 160 part-time therapists — people who were not working or working less than 50 percent," says Ciesla. APTA received the list from the state's licensing board.

Those who attended received just under one continuing education unit, a plus now that CEUs are required for licensure. In addition, participants had the opportunity to fill out questionnaires that asked, among other things, their preferences for future course topics. "The APTA education committee will be planning several evening courses," says Ciesla. The committee also wants to explore mentoring possibilities.

Hospitals that would like information about the course's participants are free to contact Ciesla who is director of physical therapy at the Shock Trauma Center of the University of Maryland Medical System. She can be reached at (410) 328-7667.

Now, the bad news. Just four physical therapy students graduated this June from UMAB, according to UMAB's Physical Therapy Department Chair Clarence Hardiman. The reason? The university's change to an entry-level master's degree program swelled the ranks of potential physical therapists while shrinking the pool of current B.S. students. The four students who graduated in the spring were enrolled in the old B.S. program. And recruiters shouldn't hold their breath waiting for next year's B.S. crop. It won't be more than 10.

Still, Hardiman remains enthusiastic, citing the total number of students in the new program. "We ended up accepting about 60 M.S. students," he says of the program's first year. "We want about 64 each year." This is up from the approximately 50 potential physical therapists the program used to graduate in its B.S. days.

Another reason for Hardiman's enthusiasm is the increased clout a graduate program gives his faculty recruitment efforts.

Fewer than a handful of students graduated from UMAB's B.S. physical therapy program in June.



"We get better qualified candidates and more applicants because they (potential faculty) want to be affili-

ated with a graduate program," he says.

The degree level isn't the only change at UMAB's physical therapy department this year. Clinical experiences are changing too. "We're going to have four clinical affiliations instead of three," Hardiman explains. "Those will be scheduled pretty much around the clock — from January through the whole year, every semester. The one that will be different will be the fourth." In this last clinical affiliation, students will be expected to contribute to clinical education in some way. "For example, if a student concentrates in orthopedics, then the last clinical affiliation they'll try to work out is a project that's state-of-the-art in that field," says Hardiman. Although details haven't been finalized, he hopes to have the program in place by 1995.

Clinical affiliations present a special challenge to the program because of the physical therapist shortage. In the affiliations, students must be supervised at the site by designated "clinical instructors." Here Hardiman faces a recruitment problem of his own. A task force at UMAB has been started to study this issue.



Project LINC, the program MHA is implementing that allows workers to go to school while working part-time with full-time benefits, is on its way. In July, MHA held an informational meeting on the project that was attended by nearly 100 people representing hospitals and schools across the state. Now, on to Phase 2. In this part of the program, an implementation proposal is sub-

mitted to Robert Wood Johnson Foundation that includes the commitment of key parties. Responses were due into MHA by August and on to RWJF this fall.

One hospital that's looking forward with eager anticipation to the LINC implementation is Calvert Memorial. Vice President for Human Resources M. Carrie Forrest hopes her hospital will be able to do something to enhance the availability of physical therapist assistants. The hospital already has experience working on a critical shortage area and hopes to put that to work when focusing on a field such as physical therapist assistants. "We served on a task force to address the respiratory therapy and radiology areas," she says. "We're seeing the results of that effort now." Because of this success, she hopes the hospital will be able to use LINC in connection with other efforts in the physical therapist assistant area.



The Maryland Hospital Skills Enhancement Program just finished its first session. This program, which helps hospital employees improve basic literacy and math skills, attracted around 300 participants. One of those, Sandra Nelson, has used the program to enhance her math skills which she puts to good use already as a financial counselor in the University of Maryland Medical System. Not only is she able to use her skills in her current job but she also has entered college — to pursue a degree in nursing. "I only go part-time," she says "but this semester I did enroll in two courses." She says that the skills enhancement program may have helped boost her self-confidence enough to take the extra course, not an easy task considering she works full-time and has two children. Nelson has always worked in finance; she started working as soon as she graduated from high school over ten years ago. She hopes eventually to be able to use her nursing skills at University. The hospital pays for her tuition.



Frederick Community College will sponsor a series of seminars beginning October 26 that are aimed at health care providers. Entitled "Shifting Paradigms of Health Care: Seminars for Survival," they will feature panel discussions followed by open forums. The first panel will be made up of six members representing three major perspectives in health care reform. The provider's perspective will be presented by Dr. Charles Mock, director of public affairs for the Johns Hopkins Health System and Dr. Gregory Rausch from the Frederick Medical Society. The consumer's perspective will be presented by health care lobbyists for AARP and Ralph Nader's office. Finally, the payer will be represented by Marilyn Maultsby, vice president of strategic planning and administration for Blue Cross and Blue Shield of Maryland, Inc., and health care lobbyist Carol McDaid.

Although the location has yet to be selected, the seminars will take place in the Frederick area. The October 26 presentation will last from 7 to 10:15 p.m. Registration is \$35. For more information, contact Dotti Dasher-Riddle, Allied Health coordinator for Frederick Community College, at (301) 694-4907.



Anne Arundel Community College will hold another refresher course for nurses in January but this one is for LPNs. Continuing Education Coordinator Donna Bruce, RN says AACC's approach is unique in several aspects. First, participants will get experience in both long-term and acute care settings instead of just one. And secondly, the course will allow LPNs to either enter the field or an RN program upon completion. "We ran it last year for the first time," says Bruce, "and it was very successful. I've been getting a lot of calls already from people throughout the state. This program is tailored especially to the needs of an LPN." An open house will be scheduled shortly. For information, contact Bruce at (410) 541-2461.



Baltimore City Community College is now home to a new **Life Sciences Training Center** that could provide more health care workers. On September 7, the Center opened its doors to 75 students who will train in an intensive, full-time 32-45 week program. At the end of it, they will be prepared to fill any of the following positions: health insurance claims/medical billing technician; emergency medical technician-ambulance; medical transcriptionist; medical clerk typist, or dietary manager. In the planning stages are programs for animal handling, nursing assistant, laboratory and pharmacy technician, and operating room technician.

The participants in these programs are not traditional 18 year old students. According to Thomas E. Little, the Center's director of business services, most of the students are between the ages of 20 and 27. They also are either dislocated workers, unemployed, or receiving Aid to Dependent Children. "The Office of Employment Development requested us to set up the Center," says Little. So far, the OED is picking up the tuition tab of \$4600 per year for each student.

After the first 75 students start through the program, another 75 will be accepted in January. Anyone wanting information about the potential graduates, or internship possibilities using the students, should call Little or Pamela Mitchell, the Center's manager, at (410) 333-8346. ●

**Get ready to nominate next year's
Maryland Hospital Nurse of the Year.
Letters soliciting nominations will be
in the mail in December. Questions?
Call the Center at (410) 321-6200.**

State Board May Let Nurses Delegate Functions

More flexibility for RNs and LPNs could be in Maryland health care's near future. This summer, the State Board of Nursing (SBN) proposed changes to regulations concerning "Delegation of Nursing Functions." The purpose of the changes is to clarify licensed nurses' roles and responsibilities when delegating nursing functions to unlicensed personnel. But the result will be more flexibility as well as clearer roles for the licensed nurse who delegates. "These regulations set parameters for the licensed person to tell the unlicensed person to do something," says Debbie Feldman, RN, nursing education consultant for the State Board. "They set a framework so that the person knows what must be done before he or she delegates. What are the expectations of the licensed person, the unlicensed person?"

MHA supports the changes and has sent an appropriate letter to the Department of Health and Mental Hygiene expressing a positive view. The Secretary of the Department will decide whether or not a hearing is necessary but Donna Dorsey, the SBN's executive director, suspects one won't be scheduled. While there has been some isolated opposition to the changes, she reports that support has been very strong. ●

Shady Grove

(continued from page 1)

Valuing Diversity;" and, completed the MHA assessment tool to evaluate understanding and awareness of cultural diversity. The committee's discussions didn't stop at cultural diversity. Other kinds of diversity were examined as well. As a result, the committee is responsible for having handrails installed in various parts of the hospital for the elderly and handicapped. Some committee members also toured the hospital by wheelchair to get a sense of how those in wheelchairs are able to get around the facility.

Barnes says reaction to the programs has been very positive so far. She does feel challenged, however, to reach out to those who may believe they don't really need such awareness-raising activities. To that end, the committee will attempt to be more proactive and visible in the future. ●

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Portfolios...(continued from page 1)

carrying to something that's sleek and streamlined," she says. The streamlined version was presented to evaluators – first the students' peers, then their teachers, and finally a group comprised of faculty and school staff. For example, the chief custodian as well as secretarial staff members were included on a list of potential evaluators that students could choose from. Here, as in the compilation of the portfolios, student initiative was encouraged as students selected the time and person for their evaluation meeting. Including staff members was important, Hardin believes, to show students that these people are valued members of the school work team.

Future plans include bringing in outside evaluators, especially people from the business community, forming teams of group evaluators, and looking for ways to get some students started earlier than others in collecting portfolio information. If the program is successful, it may even be expanded to include other schools in the entire Baltimore County system. "This summer, the school system looked at new assess-

ment techniques for every student," says Elaine Gorman, director of applied and technical sciences for the county school system. "We will be making a recommendation to field test portfolio assessments. Teachers, administrators and business people with whom we've talked are optimistic that the portfolio assessment will make a difference in both what students know and are able to do and offer opportunities for students to reflect on their own education."

Scrutinizing the portfolios will take more time than quickly reviewing an employee application, but Fangman strongly encourages employers to take the time to do so (see page 1 for more of his and Hardin's advice to employers). "The payoff is that it is demonstrated and documented through the portfolio that this student can do what he or she says," Fangman says. It's been his experience that employers don't routinely look at students' grades and base most of their hiring on the interview and application process. He would like to see more emphasis placed on the student's record while in school. Portfolios should present a clearer picture of that record. ●

Maryland Hospital Nurse of the Year

The Maryland Hospital Nurse of the Year was awarded to Marilyn Kay Madison, RN, a nurse clinician in the Post-Anesthesia Care Unit at Holy Cross Hospital of Silver Spring. Madison has been with Holy Cross for 13 years, and on the staff of the Post-Anesthesia Care Unit for eight. A recognized leader in patient communication, Madison prepares and distributes professionally printed (by her) cards to family members of patients outlining such things as visiting hours, phone numbers, and approximate length of stay in her unit. She is active in professional and civic organizations as well. Governor William Donald Schaefer and Maryland's official hostess, Hilda Mae Snoops, presented Madison with the award. Here they are shown with MHA President Calvin M. Pierson and Assistant Vice President and Center for Nursing and Allied Health Careers Director Catherine M. Crowley.



Fifty-three nurses from around the state were nominated by their peers this year for the Maryland Hospital Nurse of the Year award. They were honored at the spring ceremony at the Governor's Mansion on May 18.

Marilyn Kay Madison on nursing:

"For me, this career opened doors to life experiences; I knew the joy of birth and responsibility of parenting long before my own children. I continue to struggle with death and dying which makes me more aware of the value of peace in life. By choice, I am tolerant of others' differences and enriched by cultural diversity.

Professional growth has come full circle taking my expert post-anesthesia nursing knowledge back into all nursing fields as a collaborative colleague. I have developed the skills to assume the role of novice or expert in learning and am called upon to teach and learn each day.

As a constant, nursing links me to each community I live in, including Germany and the Outback of Australia. Nursing has beautifully accommodated my husband's career choices, raising a family, and pursuing higher education."

Skills Program Working

Over a year ago, Essex Community College, the Maryland Hospital Association, and seven major Baltimore area hospitals established a partnership to develop a multiphase workplace skills enhancement education program. The program was designed for currently employed workers who want to improve their basic skills. Participating hospitals agreed to pay each participant in the program their regular salary for half of the total hours they participate, as well as other in-kind contributions.

Johns Hopkins, Sinai, and St. Joseph Hospitals report that the program is going well. Christine V. Walters, of Sinai's human resources department, sees the program as fitting in well with the changing landscape of health care. "Employees have access to education and training which will be necessary as jobs are redesigned," says Walters. "They may not have had that access previously due to money or transportation or child care issues." Currently, Sinai has about 15 employees enrolled in the program.

At Johns Hopkins, Deborah Knight, project director, has seen increased levels of enthusiasm among those currently enrolled. More than 40 employees are participating. "Participation has increased by over 50 percent," she says, "either by word of mouth from participating employees or through efforts in departmental staff meetings. We have constant inquiries regarding the next session - when will it begin? What do you have to do to enroll? When can I start attending classes?" One employee told Knight that she could really see improvement in her skills and she was very grateful for the opportunity. Another was excited about taking the practice GED examination. He told Knight: "Now I can find out where I am and how far away I am from being able to take the actual test and pass. I do intend to get my GED!"

St. Joseph Hospital has a number of employees who began in the program last summer and are now working toward a GED, heartening news for the hospital's Director of Education Services Gayle Holcomb. Others in the program move in and out of it as they decide what their goals are. Holcomb's biggest challenge, in fact, may not be with the employees themselves but in explaining its benefits to managers. "Getting managers to encourage their employees to participate is my biggest challenge," she says. What do her employees get out of the program? "Enrichment, not just in terms of their work activities, but in their own homes helping children and grandchildren with homework," says Holcomb. "It makes them feel better about themselves."

If employees feel better about themselves, then their ability to perform productively on the job may be enhanced. The goals of the program include helping employees function in their current jobs with increasing competence, moving laterally or upward in their fields, and meeting changing job requirements. The project's target population is drawn from employees in dietary, clerical, distribution, housekeeping, linen and laundry, maintenance, nursing assistant, patient transport, and security fields. ●

Quick Takes

The Baltimore Association of Nurse Recruiters, the Washington Metropolitan Nurse Recruiters Association, and *The Nursing Spectrum* sponsored a seminar in June for local nursing graduates who are in search of "first" nursing positions. More than 80 new nurses turned out to hear discussions on topics ranging from getting noticed, making adjustments in a crowded job market, and dealing with the realities of a changing employment picture, to balancing work and family and taking charge in developing a personal career path. The day was described by participants as "a confidence builder."

The National Council on Patient Information and Education (NCPIE) will once again sponsor its annual "Talk About Prescriptions" month in October. Thousands of health care professionals and community health program organizers participate in this annual educational program designed to communicate to patients the correct use of prescription medications. A variety of program materials are available from NCPIE including lapel badges, brochures, camera-ready artwork, planing kits, and a directory of prescription information and educational products. Call NCPIE at (202) 638-0773 for prices and information.

The Maryland Hospital Association isn't the only organization honoring nurses this spring. Shirley Sears Chater, who began her nursing career hoping to use her knowledge and skills to help others, received an honorary Doctor of Science degree from the University of Maryland at Baltimore School of Nursing on May 20. Chater is now commissioner of Social Security. On the other side of the Bay, Dottie Dyott, RN was one of two nursing professionals named Emergency Nurse of the Year by the Maryland Chapter of the American College of Emergency Physicians. The other honoree was Emilie Crown of Montgomery General Hospital. Both were presented with engraved plaques at the College's annual meeting on April 22 in Baltimore.

A *Wall Street Journal* article reports that a growing number of workers in hospitals are joining labor unions. Hospital workers filed 158 petitions for union elections in 1993, up from only 19 in 1989, according to a study by Management Science Associates, Inc., a labor consulting firm. One executive believes the union organizing is due to employees feeling nervous about changes in the health care industry. ●

Carroll Community College Starts PTA Program

This September, 20 students will enter a new physical therapist assistant program at Carroll Community College. The two-year integrated course of study will include general educational requirements for the Associate of Applied Science degree as well as the technical and clinical requirements necessary for eligibility for PTA licensure. Clinical experience will be acquired during three affiliations in separate health care facilities.

Andrea Diggs, PT, program director, says the college conducted a survey of area physical therapists and determined the program was needed. The program began the American Physical Therapy Association accreditation process about a year ago and site visits by APTA representatives will take place after the first classes are admitted. "Hopefully in November we will get 'candidate for accreditation' status," says Diggs. Full accreditation will occur just before graduation of the first class in spring 1996.

Diggs says the first class is mostly made of nontraditional students. "Many of them are changing careers, returning to the workforce," she says. "I'm extremely excited about the program, especially now that students are actually starting."

Applications for the program are due in January. Applicants should have a strong background in the natural sciences and have acquired current CPR certification. Although the college accepts only 20 students, 40 are selected for interviews. An alternate list of students is compiled in case an accepted applicant drops out before the program begins. But no waiting lists are kept on file. Students must reapply for each session if not accepted the first time.

Located in Westminster, Carroll Community College used to be a branch of the Catonsville Community College but became an independent institution in 1993. ●

LINC Students Signed Up

Thirty-one students from 17 hospitals will participate in the first Project LINC class this fall. Project LINC is the program that allows participants to attend school full-time and work part-time while maintaining full salary and medical and pension benefits. In addition, students receive a variety of academic support services provided by educational counselors funded by a three-year grant from the Robert Wood Johnson Foundation.

The students who've signed up so far currently work in areas as diverse as supply offices to critical care units. While the average age of applicants is 33, the oldest applicant was 59 and the youngest was 21. The overwhelming majority of applicants were women. Average hourly salary of applicants was \$9.62. The majority of applicants are seeking nursing degrees while the second most popular field is physical therapy assistant. ●

APTA's Second PT Refresher Course A Success; Mentor Program Beginning

The American Physical Therapy Association (APTA) of Maryland sponsored its second refresher course for physical therapists this spring. More than 20 physical therapists and one physical therapist assistant attended the course. Of these, eight were definitely interested in increasing their working hours. Most of the others were already working full-time. "We had a very favorable response," says Nancy Ciesla, director of physical therapy at Shock Trauma and chairman, professional relations committee of the APTA of Maryland. The topic of the course was "Upper and Lower Extremity Anatomy;" it was held in the anatomy lab at the University of Maryland at Baltimore. (The first course was held in Columbia.)

The APTA of Maryland is also involved in other activities aimed at reducing the physical therapy shortages. Ciesla reports that they have just started looking into a mentorship program that would match nonworking therapists with clinicians at specific facilities. The Association has conducted a survey and identified 29 people who would be interested in such a program. Of these, nine have already been matched with a facility. Three of the facilities involved are hospitals: Laurel Regional Hospital, Washington Adventist Hospital, and Montgomery General Hospital. Given the daunting physical therapy shortages in the D.C. area, it isn't surprising that these facilities were the first to sign up.

Ciesla envisions the mentor program lasting from 8 to 12 weeks, a minimum of four hours per week. "But we're flexible," she says. "One person wanted to do 40 hours in two weeks." The program's mission is to get people back into the workforce or to increase their hours so that they can treat more patients.

In addition to the survey concerning mentoring (which went to those who were working part-time or not at all), the APTA of Maryland is continuing its work in gathering more specific information about physical therapy shortages. Two years ago, the Association conducted a survey on this topic but now they are taking up the task again, trying to determine shortages of both physical therapists and physical therapist assistants according to geographic area, practice setting, and more. "Things are changing so drastically," says Ciesla, "that we wanted to compare these results to the other survey." ●

Centerpoint is published four times a year by the Maryland Hospital Association's Center for Nursing and Allied Health Careers. Assistant Vice President: Catherine M. Crowley. Editor: E. L. Sternberg

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WHY SHOULD YOU GET INVOLVED?

You will want to investigate this great educational opportunity if you are considering:

- improving your job performance
- applying for college
- improving a particular skill
- advancing in the allied health profession

The classes are held on-site. The program is voluntary, confidential, individualized, flexible, and cost-free except for your time.

Call the MHSEP Office located
at Liberty Medical Center

383-4830

136

WHICH HOSPITALS SHARE THE MHSEP?

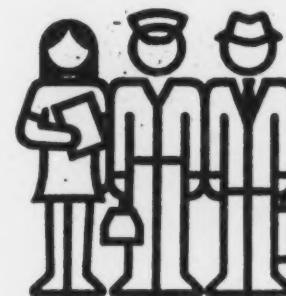
The Maryland Hospital Skills Enhancement Program is a federally subsidized effort of Essex Community College, the Maryland Hospital Association and seven major hospitals in the Baltimore metropolitan area:

JOHNS HOPKINS HOSPITAL
UNIVERSITY OF MARYLAND
MEDICAL CENTER
SINAI HOSPITAL
SAINT JOSEPH HOSPITAL
SAINT AGNES HOSPITAL
LIBERTY MEDICAL CENTER
MERCY MEDICAL CENTER



MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

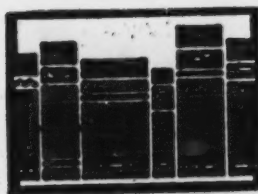
**"EDUCATION IS CARING FOR
TOMORROW"**



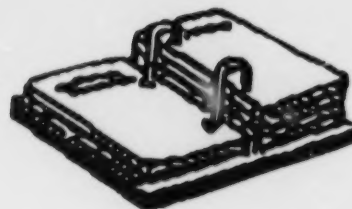
137

WHAT IS MHSEP?

The Maryland Hospital Skills Enhancement Program will provide on-going instruction and career development opportunities for employees who want to improve job skills, seek advancement, or further their education. Essex Community College instructors will provide classes in communication, problem solving, math, reading, computer basics, and other job-related skills.



138



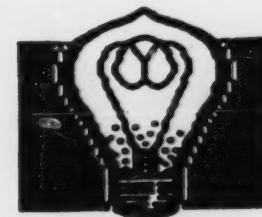
WHEN IS IT?

Classes meet morning, afternoon, and evening hours in a flexible schedule according to individual hospital shift hours. Participants will receive two hours of paid release-time and will contribute two hours of their own personal time to attend class for a total of four hours per week.

An education advisor will be available to plan self-learning programs for those with special time constraints.

HOW CAN YOU GET STARTED?

You can schedule a private, confidential assessment of your skills with the Essex Community College education advisor by calling the MSHEP office at 383-4830, located at Liberty Medical Center. The advisor will schedule an assessment at your hospital and then meet with you: to discuss your results, to plan an individualized education program, and to review career development opportunities in the allied health field. You and the advisor will decide on what best suits your learning needs and career goals.



139

"I recommend you challenge yourself with all the wonderful opportunities this class has to offer."

"Get that boost of self-esteem that comes with accomplishment..."

"The teacher is good - promise you won't get bored..."

If you are tired and stressed out on your ho, hum job - if you want a job where you can go places, come to the going places skill center

MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

"Come join us to learn new skills, refresh old ones..."

"When you think your life is at a standstill, let the skills enhancement program move you!"

"The program took the edge off of being afraid of continuing my education..."

"If you're interested in self and group study - join a team of classmates. Learn better ways of dealing with people..."

"EDUCATION IS CARING FOR TOMORROW"
CONTACT: 383-4830

JOB KEY TO CASAS MATRIX

- A Nursing Assistant**
- B Dietary/Salad Prep**
- C Security Guard**
- D Hostess/Dietary**
- E Environmental Services**
- F Maintenance Mechanic I**
- G Stock Clerk (Inventory)**
- H Unit or Ward Secretary**
- I Laundry**
- J Patient Escort**
- K Pharmacy Tech**



I. READING SKILLS

A. Read and interpret vocational vocabulary.

1. Read and interpret general vocational vocabulary. (e.g., danger, exit, manager's office)
2. Read and locate information listed in alphabetical order. (e.g., files, parts, tools)
3. Utilize reference materials and glossary lists in vocational texts, manuals, and handouts.
4. Identify abbreviations and symbols specific to the job. (e.g., lb., UPS)

B. Read and interpret written vocational materials.

1. Read and interpret specific information from written materials, e.g., employee contracts, employee handbooks, personnel policies, business letters/memos, and job manuals.
2. Read and interpret written instructions from instructor and supervisor.
3. Read and interpret written sequential directions in textbooks, manuals and handouts.
4. Read and interpret employee/student progress records or performance appraisals.
5. Utilize table of contents, index, and appendices in textbooks, manuals and handouts.
6. Read and interpret basic instructions and labels in operating equipment and utilizing supplies.
7. Read and interpret charts, graphs, tables and forms.
8. Read and interpret maps, schematic diagrams, pictorial drawings, illustrations and blueprints.
9. Read and interpret basic switches and dials.

	Workplace Requirements of Job/Program					Employee/Participant Ability to Perform		Training/Intervention Needed
	Must Know To Succeed	Not Expected To Know Before Beginning (Will Teach)	Not Important For This Program/Job	Excellent	With Difficulty	Unable To Do	CASAS Competency Number	
ALL							4.1.6.	
F, G							2.1.1.	
H, K							2.5.6.	
							2.8.3.	
D, C, E							2.5.6.	
F, G, H							2.8.2.	
							4.3.2.	
ALL							4.1.6.	

ALL							4.2.2.	
							4.2.3.	
							4.2.4.	
							4.3.2.	
ALL but I							4.4.3.	
							4.4.5.	
ALL but I							2.5.4.	
							4.2.4.	
ALL but C							4.4.4.	
D, E							2.8.2.	
F, H, K							4.3.2.	
ALL							1.7.3.	
							3.4.1.	
ALL							1.1.3.	
							4.4.3.	
							6.7	
E, F							1.1.3.	
H, K							4.4.3.	
							6.6.5.	
A, B, C							1.1.4.	
E, F, I, K							1.1.5.	

10. Read directions and interpret basic computer materials, e.g., printouts, software programs, etc.
11. Read and interpret quality control tools, e.g., checksheets, graphs and diagrams, control charts, cause and effect diagrams.

C. Read and interpret basic health and safety procedures at the job/training site.

1. Read and interpret safety warning posters, signs, rules, and procedures including: housekeeping, fire protection, emergency situations and accident prevention.
2. Read and interpret general procedures for reporting accidents, damage and emergencies.
3. Read and interpret instructions for the safe use of equipment, materials, and machines.

	Workplace Requirements of Job/Program				Employee/Participant Ability to Perform			Training/Intervention Needed
	Must Know To Succeed	Not Expected To Know Before Beginning (Will Teach)	Not Important For This Program/Job	Excellent	With Difficulty	Unable To Do	CASAS Competency Number	
C, E							4.4.6.	
F, H, K							4.4.7.	
C, E, F G, I, K							4.4.3.	

ALL							3.4.1. 3.4.2. 4.3.1. 4.3.3.	
ALL							4.3.4.	
ALL							2.5.4. 4.3.2.	

- Refer to the CASAS Curriculum Index & Matrix for resource references.



WRITING SKILLS

A. Use Legible Writing and Appropriate Grammar.

1. Print or write legibly in ink.
2. Utilize appropriate mechanics of standard English.

	Place Requirements of Job/Program					Employee/Participant Ability to Perform		Training/Intervention Needed
	Must Know To Succeed	Not Expected To Know Before Beginning (Will Teach)	Not Important For This Program/Job	Excellent	With Difficulty	Unable To Do	CASAS Competency Number	
ALL							**	
A, C, D, E, F, H, I, J, K							**	

B. Utilize Occupational Specific Forms

1. Record date, time, and other requested information on work forms, charts, graphs.
2. Write common abbreviations specific to the job.

ALL							4.4.3. **	
ALL							4.4.3.	

C. Write comprehensively.

1. Write information in clear, logical and complete manner.
2. Take telephone messages accurately.
3. Write short notes and/or simple memos.
4. Write letters using correct structure and sentence style.
5. Use computer for simple word processing.
6. Organize information into a brief written report.

C, F, H, G, I, J, K							**	
A, C, F, H, I, J, K							2.1.7. **	
A, C, E, F, H, I, J, K							4.4.3. **	
F, H, K							**	
H, K							4.4.3.	
C, F, H							**	

Refer to the CASAS Curriculum Index & Matrix for resource references.
Refer to the CASAS Writing Assessment Manual and the CASAS Applied Performance Manual.

B. Understand occupational specific use of mathematical symbols.

1. Interpret ratio and proportion, e.g., preparing mixtures, figuring pay rate.
2. Interpret data from graphs, e.g., line, bar, picture and circle graphs.
3. Identify lower case and upper case Roman numerals up to 1,000. (e.g., table of contents)

C. Utilize occupational specific measurement skills.

1. Calculate with units of time, e.g., figuring shipping schedules, use of time zones.
2. Perform basic measurement tasks determining length, width, height, weight, including the use of conversion tables.
3. Read and interpret basic measurement and numerical readings on measurement instruments, e.g., ruler, scale, micrometer, gauge, scope; including identifying fractions in progressive sizes.
4. Solve measurement problems in U.S. Standard or Metric units using linear dimensions, area, volume, weights, geometric shapes and angles.

	Workplace Requirements of Job/Program					Employee/Participant Ability to Perform		Training/Intervention Needed
	Must Know To Succeed	Not Expected To Know Before Beginning (Will Teach)	Not Important For This Program/Job	Excellent	With Difficulty	Unable To Do	CASAS Competency Number *	
B, E F, K							6.4.2. 6.4.5.	
A, F, I K, H							6.7.1., 6.7.2., 6.7.3., 6.7.4.	
A, F H, K							6.0.1.	
D, F H							2.1.3. 6.6.6.	
E, F K							1.1.4., 1.1.9., 6.6.2., 6.6.7. 6.6.4.	
B, F H, K							1.1.4., 6.6.4., 6.6.5., 6.6.7	
A, F K							1.1.2., 6.6.2., 6.6.3.	

* Refer to the **CASAS Curriculum Index & Matrix** for resource references.

IV. ORGANIZATIONAL AND LEARNING SKILLS

1. Identify and paraphrase important points when listening to films, lectures, directions, and reports.
2. Utilize notetaking skills for remembering important points when listening to films, lectures, directions, and reports or when reading instructional training materials.
3. Utilize test-taking skills in training situations.
4. Demonstrate ability to organize time and prioritize personal, educational and workplace responsibilities.
5. Utilize or create memory devices and visual images for remembering information.
6. Utilize resources to seek information, e.g., dictionary, library, labels, handbooks, manuals.

	Workplace Requirements of Job/Program			Employee/Participant Ability to Perform			CASAS Competency Number *	Training/Intervention Needed
	Must Know To Succeed	Not Expected To Know Before Beginning (Will Teach)	Not Important For This Program/Job	Excellent	With Difficulty	Unable To Do		
1. Identify and paraphrase important points when listening to films, lectures, directions, and reports.	A, C, D, E, F, G, H, I, J			-			0.3.1.	
2. Utilize notetaking skills for remembering important points when listening to films, lectures, directions, and reports or when reading instructional training materials.	A, C, D, F, H, K							
3. Utilize test-taking skills in training situations.	A, B, D, E, F, K						...	
4. Demonstrate ability to organize time and prioritize personal, educational and workplace responsibilities.	ALL						4.4.2.	
5. Utilize or create memory devices and visual images for remembering information.	A, B, C, D, F, H, J, K							
6. Utilize resources to seek information, e.g., dictionary, library, labels, handbooks, manuals.	C, D, E, F, H, K						2.5.6. 2.8.3. 4.2.4.	

- * Refer to the CASAS Curriculum Index & Matrix for resource references.
- ... Refer to the CASAS Life Skills Materials which consists of CASAS format test items for classroom use and practice.

V. COMMUNICATION SKILLS

1. Follow spoken sequential directions.
2. Use the telephone to make and receive business calls.
3. Interpret task-related communications such as following, clarifying, giving or providing feedback to oral instructions.
4. Formulate and ask questions.
5. Use appropriate non-verbal communication.
6. Organize information into an oral report.
7. Utilize English that is acceptable with supervisors, peers, and clients.
8. Engage in appropriate social interaction with supervisors, the public, co-workers, and instructors.
9. Initiate action in response to requests from the supervisor, instructor, or customers.

	Workplace Requirements of Job/Program			Employee/Participant Ability to Perform			CASAS Competency Number	Training/Intervention Needed
	Must Know To Succeed	Not Expected To Know Before Beginning (Will Teach)	Not Important For This Program/Job	Excellent	With Difficulty	Unable To Do		
1. Follow spoken sequential directions.	ALL						2.2.1. 4.4.5.	
2. Use the telephone to make and receive business calls.	C, F, G, H, I, J, K						2.1.8.	
3. Interpret task-related communications such as following, clarifying, giving or providing feedback to oral instructions.	ALL						0.3.1. 4.4.5.	
4. Formulate and ask questions.	ALL						0.1.2. 4.4.5.	
5. Use appropriate non-verbal communication.	ALL						0.1.1.	
6. Organize information into an oral report.	ALL but H							
7. Utilize English that is acceptable with supervisors, peers, and clients.	ALL						0.1.4. 4.4.1.	
8. Engage in appropriate social interaction with supervisors, the public, co-workers, and instructors.	ALL						0.1.3. 4.4.1.	
9. Initiate action in response to requests from the supervisor, instructor, or customers.	ALL						4.4.2. 4.4.5.	

Refer to the CASAS Curriculum Index & Matrix for resource references.

WESA SUMMARY REPORT

Job Title: Nursing Assistant

Job Duties Summary:

Comprehension of both written and oral directions concerning age specific requirements for patient care: bathing, dressing, feeding, mouth cleaning, toileting, and filling water pitchers. Responding in a timely fashion to call-lights. Accurate recording of patient's vital signs on charts with the ability to discern what is in normal or abnormal parameters. Reporting changes in health status, especially of an emergency nature to the nurse immediately. Totalling input and output while copying numbers to a graphic record. Problem solving complaints from patients or family members. Reporting information to next shift and noting daily changes to patient's care. Communicating clearly with nurses, patients, doctors, and many other departments to provide high quality care. Following protocol to insure safety and control of infectious diseases. Restocking of daily supplies and cooperatively completing any nurse-assigned duties to assist with daily work flow.

Summary of Job-Related Basic Skills:

Listening and following directions in order to problem-solve patient care requirements. Read carefully and record accurately vital signs. Ability to do basic mathematics of counting and multiplying. Reading charts, policy and procedure manuals, and medicine labels. Independent decision making skills. Preparing nursing notes for next shift. Teamwork skills required when complicated procedures must be done such as lifting a patient, transporting a patient with IV or machinery to other departments. Time-management skills to meet the needs of 8-10 patients at one time.

Frequency and Criticality of Basic Skills

Communication skills such as listening and speaking are highly critical and used frequently (continuously). Ability to communicate with a diverse population in terms of age, race and social status. Accurate data recording on graphs and charts. Simple arithmetic counting, multiplying, and copying of numbers on patient records.

Readability of Printed Material:

Printed material such as policy and procedure manuals are written on the 8th-12th grade level with some use of medical terminology. Most medical terms are "broken down" or explained by the nurse each day as patient care requires. A baseline knowledge of human anatomy is required. Isolation signs and NPO labels must be observed.

Tools, Equipment, Machinery and Work Aids:

Blood pressure cuff, thermometer, and watch are used in taking vital signs. Machines vary from department to department. Good observation skills are needed to report if IV or life-support machines are not working or are making noises. A fire extinguisher may also be used in emergency situations. Wheelchairs and beds must be used safely for transporting patients.

Other Comments:

In the future nursing assistants may have to record data on computer-based patient records and may have to know how to perform duties which require higher technical knowledge and reading skill. Being able to learn these new techniques and procedures will require higher and higher levels of math, reading, and medical terminology. Passing exams on medical procedures is required occasionally now but may be used frequently to determine competency in the future.

PROBLEM-SOLVING SCENARIOS FOR NURSING ASSISTANT

1. You have been a nursing assistant for about one year, and you work with a nursing assistant who has twenty years experience. You notice that your coworker does not record vital signs accurately; she simply writes 140/90 since that is the textbook sample for normal. What should you do in this situation?
2. A more experienced nursing assistant is frequently criticizing your work in front of patients. How can you handle this situation diplomatically?
3. You are bathing a patient and the nurse calls you away. How can you do two tasks at once without upsetting your patient or the nurse who needs you?
4. An angry family member complains about being sent out of the room while a nurse completes a medical procedure. How will you handle this angry woman/man?
5. An IV drug abuser is one of your patients, and she is nasty and demanding. She demands candy bars and pain killers and shouts her commands, so that many of the other patients get upset. How can you handle this situation when your nurse manager is busy with an emergency procedure?
6. You come in every morning to an empty supply of diapers for your incontinent patients. How will you remedy this situation?
7. A group of 10 student nurses are making a lot of noise and causing patients to complain. Should you reprimand the students yourself or call a nurse manager? Explain.

WESA SUMMARY REPORT

Job Title: Dietary/Salad Prep

Job Duties Summary:

Reading and following directions for menus, recipes, labels and charts. Careful attention to detail for specially prepared foods including: low salt, low fat or low sugar diets. Observe and save usable leftovers. Keeping work and storage areas neat and clean. Preparing cold foods such as sandwiches and salads. Reading and writing menus, recipes, etc. Being time efficient in food preparation to facilitate the assembly-line organization of the dietary department. Assist in the kitchen to insure that food is served in a timely fashion to avoid customer complaints. Observe safety standards for handling food processors, knives, etc. Understanding measures and proportions for increasing a recipe or serving in calorie-restricted diets. Communicating clearly to coworkers and supervisors concerning supply needs or equipment problems. Asking questions of supervisor to substitute foods or ingredients to prepare a tasty meal for patients.

Summary of Job-Related Basic Skills:

Reading and following directions in order to prepare cold foods for patients and cafeteria customers. Time management skill to keep the work flowing. Ability to understand basic measures and portions for recipes and servings. Observe and report foods which may be spoiled or contaminated by spills. Ability to work independently about 60% of the time. Teamwork skills required when someone is absent or backed-up with work on the food-line. Asking questions and following verbal instructions.

Frequency and Criticality of Basic Skills

Reading production sheets and following directions is highly critical to this job. Understanding basic math for increasing a recipe. Communication skills such as listening and speaking are highly critical and used frequently (continuously). Observation and reporting skills when machinery is working improperly or an ingredient is in low supply or inedible.

Readability of Printed Material:

Printed material consists mainly of recipes, menus and labels. Food vocabulary and cooking terms are critical to reading comprehension.

Tools, Equipment, Machinery and Work Aids:

Slicers, choppers, mixers, blenders, etc. are used frequently and may cause accident and injury. Careful attention to the task is required for safety reasons.

Other Comments:

Keeping food quality and customer service in mind is important for this position. A patient's food may be the one bright spot in the day and customer satisfaction is of increasing importance to hospitals.

PROBLEM-SOLVING SCENARIOS FOR DIETARY/FOOD PREP

1. The computer breaks down and you need to know how to make chicken salad for 125 people. How will you solve this problem?
2. A coworker on you prep line often calls in sick. This means that you will have to work a double, and you have child care problems. How will you handle this?
3. You notice that mayonnaise has been out of the refrigerator for a long time. What should you do to assure its quality?
4. You have run out of sour cream for salad dressing in the middle of lunch. What should you do to remedy this problem?
5. You notice many unopened cans at your work station often leftover from the preceding shift. How will you handle this situation?

SUMMARY WESA REPORT

Job Title/ Goal: Security Officer

Job Duties Summary:

Is responsible for helping the hospital to maintain security and fire safety by observing monitors, checking computer output, and receiving/transmitting information in the control room; by patrolling on foot and via mobile unit various areas of hospital and grounds.

Summary of Job Related Skills

Listening to information being transmitted in person and on walkie-talkies, grasping the main idea and pertinent details of such information; **problem-solving** to determine potentially dangerous situations, to prioritize activities when several incidents are simultaneously happening, to develop a systematic means for regularly checking locked doors and fire safety equipment, to trouble-shoot when a control breaks down, and to assist staff and visitors with routine problems involving locks, parking, etc.; **speaking** clearly and with courtesy to patients and staff, communicating calmly to violent patients in the psychiatric unit and the emergency room; **reading** manuals, computer print-outs and visual images on monitors; **writing** incident reports and entering information onto logs; **working as a team** in all aspects of the job.

Frequency and Criticality of Basic Skills

Communication skills, visual acuity, and problems- solving skills are highly critical to successful performance in this job. Computing skills are infrequently used.

Readability of Printed Material

Undetermined at this point.

Tools, Equipment, Machinery and Work Aids

Manipulate control panel including cameras, monitors, vcr, and alarms from control room, use special tools to open locks, use computer in control room, use handcuffs.

Other comments

Job requires a high degree of visual acuity and perceptual discrimination in determining if activity and personnel in a given area are appropriate. Public perception of job performance can be improved through the officer's understanding of social appropriateness and the use of suitable communication.

Security Guard

Problem Solving Scenarios

1. You are asked to work overtime in order to complete a report on a fire incident in the cafeteria. You have a doctor's appointment for your child and cannot stay. How will you resolve this problem?
2. An elderly patient complains angrily about having some money stolen from her wallet. She is causing quite a scene in the ward and nurses look to you to handle this situation. What should you do?
3. You are getting sleepy on the midnight shift because you were asked to work a double. Your job is to watch the monitors and cameras in the control room. What should you do in order to remain vigilant?
4. You have a visitor who will not stop when you call him to your desk. How should you react?
5. A visitor who is obviously intoxicated just signed in at your desk. She is weaving as she walks and seems a little belligerent as you greet her. What is the appropriate action in this case?

SUMMARY WESA REPORT

Job Title: Dietary/Hostess

Job Duties Summary:

Safely deliver carts with food trays to patients in a time efficient manner. Check tray for correct order and for attractive presentation. Stock beverages daily. Deliver box lunches. Pick up carts and maintain cart cleanliness. Clean carts, serving area and sink drains. Return dirty trays to scrape area. Check floor pantries and return any late trays.

Summary of Job-Related Skills:

Reading menus, checking and initialing logs. Reading and pronouncing names of patients. Prioritizing tasks in order to maintain delivery schedule. Provide strong customer service when assisting patients with meals. Responding to patients needs for feeding. Alerting other medical staff of meal delivery or any medical problems observed of patients. Practice safety awareness when pushing carts and delivering hot meals and beverages. Participate in daily meetings and occasional inservice training. Work independently (most often) or with a coworker in delivery of meals. Check accuracy of order against the prescribed menu for therapeutic purposes. Pay close attention to special diet restrictions on charts or menus.

Frequency and Criticality of Basic Skills:

Communication and customer service are highly critical to this position. Speaking clearly by using the patient's name in greeting and serving meals. Observe cleanliness and safety in delivering meals, personal appearance and appearance of food. Quality service is stressed in this position; since, a patient's meal may be the only event he can choose or control. The food must be just right; since, meals may be the only pleasurable part of the day for patients. Particular attention must be given to patients with disabilities. Asking questions and following through on requests are very important. Customer satisfaction according to quality assurance standards is also important. Time management and interpersonal relations are as important as being able to read a menu.

Tools, Equipment, Machinery, and Work Aids:

Carts, latex gloves, hair net, non-skid shoes, sanitizing and cleaning products and equipment.

Other Comments:

This position is considered entry level, but could be the beginning of a career in dietary. The next position is Diet Assistant. This job requires dietary certification from a community college. The reading, writing and problem solving levels jump to 12th grade level. Calculating calories and fat calories and understanding dietary principles for therapeutic purposes are critical. An assistant has to be able to order special meals and provide one-on-one assistance to patients.

PROBLEM SOLVING SCENARIOS FOR HOSTESS

1. You have been a Hostess for only three weeks, and you have a lot of trouble with an irate and abusive patient for several days in row. What steps will you take in order to give good service?
2. You discover that the patient you are now serving has just been placed on DOB (nothing by mouth). How will you handle this problem when the patient insists that you give him the tray?
3. It's Friday and you have double deliveries. You are working under time pressures, and your coworker is in a foul mood. How will you adjust your attitude in order to get the work done?
4. You drop a tray because you slipped on some water in the hall. How will you handle this situation?

WESA REPORT SUMMARY

Job Title: Environmental Services Aide I and II

Job Duties Summary:

Performs cleaning functions in patient rooms, wards, nursing stations, lounges, lavatories, bathrooms, offices, and corridors. Includes cleaning surfaces, walls, floors, windows and ceiling vents; removing trash; and observing and reporting empty beds or repair needs.

Summary of Job-Related Basic Skills:

Reading and interpreting labels, material safety data sheets, work schedules, and information from in-service training sessions, memos, newsletters, and notices. Perform occasional computations for inventory sheets and interpret ratios for mixing chemicals. Record tasks and times in worklog/record book. Leave notes for next shift. Work in teams to approach discharge duties for bed preparation or floor treatment. Prioritize and pace daily responsibilities. Communicate effectively and appropriately with supervisors, peers and patients.

Frequency and Criticality of Basic Skills:

Communication ranks as the skill most often required for the discharge of duties. These include: understanding how to respond appropriately and safely to patients requests and other staff; communicating effectively to assist in time-efficient decisions; listening and following verbal and written directions. Also critical though less frequently required is an ability to interpret written information on schedules, labels, door tags, and safety sheets. Math skills are required only occasionally because of automatic chemical mixer for measurement of cleaning solutions. Environmental aides use writing seldom, although that condition will change as workers adapt to OSHA certification test requirements and mandatory job training courses such as: Universal Precautions, Hepatitis B, and other safety classes.

Readability of Printed Materials:

Second or third grade readability levels were taken on material safety data sheets and training manual.

Tools, Equipment, Machinery and Work Aids:

Floor cleaning and polishing equipment
Automatic chemical mixing machine

Other Comments:

Certification testing will begin within the year, requiring accountability regarding retention of information and application to the job. Basic skill requirements will need to be upgraded to include: notetaking, reading comprehension, and test-taking skills in order to pass, receive certification and be considered for

promotions. Problem solving skill is needed to figure out a schedule for completeing dismissal cleanings which are done at the same release time each day. If 10 beds become available, strict, sanitary and expeditious cleaning must be rendered as soon as possible. The Training Manager also requested that motivation and morale building be included to influence the attitude and self-esteem of the entry level worker whose contribution to the hospital is seldom recognized or rewarded.

**Problem Solving Scenarios
for Environmental Services**

1. A patient asks you to buy her a candy bar from the waiting room vending machines at the end of the hall. How should you handle this situation?
2. You are assigned two rooms to clean and you have a spill assigned to you by a nurse manger. How should you plan this work?
3. After being screamed at by a patient who is obviously intoxicated or on drugs, you fear for your own safety. What should you do?
4. A new cleaning chemical appears on the shelf and no one has told you about it. What should you do and why?
5. A patient requests a drink of water. How should you respond?

WESA SUMMARY REPORT

Job Title: Maintenance Mechanic I

Job Duties Summary:

Performs multiskilled tasks throughout the hospital in building maintenance, electrical, air conditioning/refrigeration, and plumbing as necessary. Performs basic preventive/corrective maintenance procedures as required to maintain the integrity of the building structure and grounds. This includes sheet rock, ceramic floor tile and wall tile (etc.) repair. Assist certified electrician and plumbers. Fix all hospital equipment including beds, wheelchairs, and furnishings. Basic carpentry, repair and replacement of parts or installation of equipment. Ensures compliance with safety standards and quality standards to provide optimal care and working condition of all resources. Orders materials and maintains records in compliance with hospital standards. Maintains neat, clean, organized, safe working area. Communicates effectively with all hospital personnel. Adheres to policies and regulatory requirements as set by the hospital, equipment-service manuals, and Local, State, and Federal regulations.

Summary of Job-Related Basic Skills:

Reading equipment manuals and following sequential instructions for repair is critical to this position. Writing accurate and detailed descriptions on work orders is critical, so that follow through on repairs may be done by next shift or by outside vendors who come in to make repairs. Listening and following directions in order to problem-solve and trouble shoot malfunctions in buildings or in equipments. Prioritize tasks when multiple calls are received. Act as an assistant to plumbers and electricians on special assignments. Work independently most of the time. Report on problems observed while performing another task. Report problems to medical staff whose work may be interrupted by lengthy repairs. Observe safety regulations. Participate in daily work planning meetings and monthly staff meetings. Reading charts, tables, policy and procedure manuals. Independent decision making skills.

Frequency and Criticality of Basic Skills

Reading technical language in equipment manuals. Basic math is need to calculate tolerances or part sizes. Problem solving in order to repair equipment correctly so that time consuming and costly rework does not happen. Communication skills such as listening and speaking are highly critical and used frequently (continuously). Ability to communicate with a diverse population in terms of age, race and social status. Accurate data recording on graphs and charts and equipment records.

Readability of Printed Material:

Printed material such as policy and procedure manuals are written on the 10th-14th grade level with a great deal of technical terminology. A basic knowledge of math and science are important to this job.

Tools, Equipment, Machinery and Work Aids:

Basic handtools, ruler, micrometer, measurement devices, arc welder, drill press, hydraulic press, hammer drills, recorders, grinders, heat and air conditioners, refrigerators, ice machines, beds, wheelchairs, etc. Machines vary from department to department.

Other Comments:

Maintenance Mechanic I is an entry level position which often leads to Maintenance Mechanic II and III. On the job training with plumbers and electricians is often leads to departmental promotion. Computers and microprocessors are in the near future in the Facilities department. A transfer of mechanical knowledge is useful as new training of new equipment is provided by outside vendors. This position is critical to the operation and service of the hospital. Facilities receives about 28,000 work orders per year. Being able to learn these new techniques and procedures will require higher and higher levels of math, reading, and scientific terminology. Passing exams on equipment use is required occasionally now but may be used frequently to determine competency in the future.

PROBLEM SOLVING SCENARIOS FOR MAINTENANCE MECHANIC I

1. You have been a Maintenance Mechanic I for about one year, and you work with a Maintenance Mechanic III who has twenty years experience. You notice that your coworker does not record repairs with accurate detail. What should you do in this situation?
2. A more experienced mechanic is frequently criticizing your work in front of others. How can you handle this situation diplomatically?
3. You are fixing an open window in winter, and a nurse calls you away. How can you do two tasks at once without upsetting the patient in the room or the nurse who needs you?
4. An angry nurse complains about a piece of equipment that has to be repaired periodically. How will you respond to this angry person?
5. Second shift leaves a work order for a new ice machine repair, and you cannot read the handwriting or understand the problem. How will you solve this problem?

SUMMARY WESA REPORT

JOB TITLE: Stock Clerk

JOB DUTIES SUMMARY:

Reads, counts, records, stores and delivers hospital supplies based on requisitions and work instructions from supervisor.

SUMMARY OF JOB-RELATED SKILLS:

Reading labels or requisitions and counting products for timely delivery to various departments in the hospital. Reading long and often similar numbers/letters requires accurate attention to detail. The ability to comprehend or ask questions on medical terminology in order to problem-solve discrepancies in product similarities or single item or unit quantities.

FREQUENCY AND CRITICALITY OF BASIC SKILLS:

Reading labels are highly critical and frequently used in this position. Simple, accurate counting and the ability to understand and multiply items or unit quantities is also important. The ability to communicate effectively with nurses and medical personnel concerning medical terminology is often used for understanding or correcting orders. Understanding simple alpha-numeric organization of the stockroom is important for finding products in a timely manner. Team building skills are required occasionally for large delivery orders. Working independently with good time-management is a desirable skill.

READABILITY OF PRINTED MATERIAL

Alpha-numeric indices and simple tables require first or second grade reading skill. However, occasional medical terminology or long numbers require a consistent attention to detail. Keeping abreast of new products and storeroom changes is often required.

TOOLS, EQUIPMENT, MACHINERY AND WORK AIDS:

Bulletin boards of daily work orders and an index of stock items are easy references to help locate products. A power jack to lift bulky items is sometimes used.

OTHER COMMENTS:

The hospital stockroom is in the midst of reorganizing and streamlining its system for supply delivery. A computer to monitor supply and demand brings with it an added challenge of resolving discrepancies between hand and computer counts of items. Another major change is the Exchange Charts to replenish miniature storerooms that are situated near medical care halls and operating rooms. This process allows for monitoring employee productivity and cross-training. The importance of total quality performance is emphasized, so that high quality patient care is assured.

PROBLEM SOLVING SCENARIOS FOR

STOCK CLERK

1. The wrong size latex glove was sent to MEDSURG. A nurse calls you and begins using medical terms you do not understand. How will you handle this communication problem?
2. You take less time to do your daily work than was expected. Will you "kick back" and relax, help another coworker who is behind schedule, or will you notify your supervisor? Explain your answer.
3. You have to find an item which is not in alpha-numeric order. What steps will you take to find this item?
4. There is only one item on the shelf, and the label has been torn. You are unable to read the label completely. What action will you take to deal with this problem?
5. A box of items you sent to the manufacturer were returned with the note: "Only whole quantities accepted." What steps can you take before informing the supervisor of this problem?
6. Your hand count on an item differs from the computer count. How can you resolve this information discrepancy?

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SUMMARY WESA REPORT

Job Title/Goal: Ward/Unit Clerk

Job Duties Summary:

Under moderate supervision, performs clerical duties on assigned Nursing Unit, including answering phones, keeping files and records including patient charts, ordering supplies, answering questions, greeting visitors, verifying patient identification, and answering patient intercom.

Summary of Job Related Basic Skills:

Reading physician's orders (medical terminology and abbreviations) on charts, lab results and other information from computer, messages, patient identification of records, bed tags and bracelets, and in-service training materials

Writing orders for supplies, phone messages, information onto the computer, using correct information

Listening/Speaking to patients, doctors, nurses, visitors and other personnel on the telephone and in person

Team work during a coded situation such as cardiac arrest

Organizational skills and prioritizing for the creation and labeling of patient charts, and for dealing with many requests at once

Problem-solving in identifying discrepancies in information, confusion regarding appointments and arrangements

Calculating and graphing temperature charts

Frequency and criticality of basic skills:

Communication and reading skills are the most critical and most often used basic skills. After that, problem-solving and writing skills, especially including data entry are important. Least important and least used are math skills. A team approach is the basic milieu of the entire job.

Readability of printed materials

It would be difficult to subject the material to readability tests because of the lack of continuous text; however, knowledge of medical terminology is critical to the job and part of the job training.

Tools, Equipment, Machinery and Work Aids

Computer, phone and console, pharmacy FAX, and Xerox are used frequently on the job.

Other comments

Ward clerks must be flexible and able to adapt to changing environments because they are frequently moved from floor to floor, and new policies and procedures are often initiated. Also, cross-training will probably begin within the next year.

There is a need for more simulation in the training of ward clerks before they actually assume the position.

PROBLEM SOLVING SCENARIOS FOR UNIT SECRETARY

1. An elevator is suddenly out of service, and you are supposed to send Mr. Davis to Nuclear Medicine. What steps will you take to deescalate the tension this will cause?
2. A visitor is angry because he cannot see his wife for 30 minutes. He complains to you because it is visiting hours. List the steps you will take to assist this man.
3. A patient has been moved to another hall, and her belongings are missing. How will you handle this situation?
4. You are a new unit secretary, and you are feeling overwhelmed and discouraged by what you see and experience on the hall. Complaints, angry visitors, over-burdened nurses, demanding doctors... What can you do to protect yourself from discouragement and preserve your high standards for performance on the job?
5. Your job is handling complaints. What general guidelines do you follow to resolve them? List and justify your procedures for general problem management?

SUMMARY WESA REPORT

Job Title/Goal: Laundry Worker I

Job Duties Summary:

Entry level position in the laundry involving folding, packing, counting, weighing, feeding ironer, and loading and unloading laundry and linen. The position is closely supervised by the section leader, who is supervised by a supervisor, who is in turn supervised by a manager. The employee is expected to gain a working knowledge of all aspects of the laundry.

Summary of Job-Related Basic Skills

Reads unit labels on laundry packs and washing chemicals, numbers on inventory charts, information on order forms and purchasing cards, warnings, and Right to Know materials

Writes numbers on inventory charts and purchasing cards, marks and dates discarded laundry

Computes amounts needed for inventories

Speaks and listens to other hospital personnel on phone and in person

Problem solves related to complaints from other departments such as Materials Processing, Operating Room, Purchasing, Housekeeping, Storeroom and Nursing Units. Also problem solves when machines get jammed.

Team work orientation to entire area. All people do all jobs except operate washer and move heavy wet linen.

Frequency and criticality of basic skills

Communication skills most critical. Very basic computing skills important and frequently used, along with reading charts and labels. Writing skills are used moderately except for the recording of numbers.

Readability of Printed Material

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Low level except for Right to Know materials

Tools, Equipment, Machinery and Work Aids:

Washer - Computer-operated by two workers

Auto-press

Dryers, folders, sewing machines

Other comments:

This position provides an excellent springboard to materials processing, which in turn is the step before technician or aide positions. In materials processing, knowledge of medical terminology and ability to memorize is required.

Problem Solving Scenarios
for Laundry Worker I

1. Your supervisor complains that the inventory number on surgical supply sheets is incorrect. He blames you alone and he is angry. What should you do?
2. A new laundry detergent has just come in and you are out of your regular brand. Should you use the new brand? Explain your answer?
3. A coworker wastes time talking on the job and won't do her share. What should you do?
4. A dryer begins to make a strange noise. What should you do?

SUMMARY WESA REPORT

JOB TITLE: PATIENT ESCORT

JOB DUTIES SUMMARY:

Records patient name and destination; meets, greets and transports patient for tests or for discharge; transports oxygen tanks, IV poles and other medical equipment safely through halls and on elevators and ramps; records frequency of trips to various departments.

SUMMARY OF JOB-RELATED BASIC SKILLS:

Writing names of patients on escort chart. Reading abbreviations of departments. Reading patient I.D. bracelets, signs, and directions. Listening and recording names and places on charts. Ability to communicate with patients, visitors, and healthcare professionals. Independent decision-making skills for safety. Team work skills for complex transportation jobs which require two or more escorts.

FREQUENCY AND CRITICALITY OF BASIC SKILLS:

Verbal communication skills are highly critical and used continuously. Recording names and hospital department abbreviations accurately is also used continuously. Problem solving for safety of both escort and patients is very important.

READABILITY OF PRINTED MATERIALS:

No reading is required on the job except simple signs and abbreviations. Occasionally a memo or a manual will be used, but the information from these is reviewed verbally in department meetings with the supervisor. Newsletters, union and insurance booklets range from the 4th grade to the 12 grade level of reading.

TOOLS, EQUIPMENT, MACHINERY, AND WORK AIDS:

Wheelchairs and hospital beds with I.V. poles are used to transport patients. Their operational condition must be observed in order to maintain a safe transport.

OTHER COMMENTS:

Back safety is an important aspect of this job; since, lifting wheels over cracks or lifting patients from beds to stretchers is required. Pushing heavy weight up ramps or onto crowded elevators is also important tasks performed on a daily basis. The ability to greet the patient politely and respond compassionately to their

requests impacts on the overall opinion a patient has of the service provided by the hospital.

SUMMARY WESA REPORT

Job Title: Pharmacy Technician

Job Duties Summary:

Read dosages and fill prescriptions, type labels with the use of basic math with counting, ratio and proportion, volume, and metric measurements. Records and verifies information on the computer. Read logs and charts to ascertain conversions and simple algebraic formulas for dilution of IV fluids. Observes and documents order errors from computer readouts. Assists pharmacist or coworkers on large orders and often clarifies prescription orders with nursing staff.

Summary of Job-Related Skills:

Reading measures, understanding conversion charts, calculating ratio and proportion. Accurate keyboarding skills for entering data for orders or labels. Reviewing safety precautions for medications. Ability to communicate effectively with supervisor, coworkers and staff from other departments. Noticing protocol changes in medicine dosage. Problem-solving and correcting errors in prescriptions for discharged patients.

Frequency and Criticality of Basic Skills:

Mathematical computations and accurate reading of measures are highly critical to this position. Accurate data entry skill is constantly required. Careful attention to detail and the ability to understanding complex generic and brand names of medicines. Understand and interpret abbreviations of difficult medical terminology to insure safe patient care and customer satisfaction according to quality assurance standards.

Tools, Equipment, Machinery, and Work Aids:

Computer, printer, fax, unit dosage machine, aseptic hood work area.

Other Comments:

A high degree of accuracy for reading labels, doctor's handwriting, logs, charts, and tables are required. Interpersonal relations and time management skills are essential for working in a busy department which services the entire hospital and impacts patient care and safety.

PROBLEM SOLVING SCENARIOS

1. You have been a pharmacy tech trainee for only three weeks, and you have a lot of trouble reading the doctors' handwriting on prescriptions. What steps will you take to insure prescription accuracy?
2. The unit dosage machine is printing faded labels. What action will you take to prevent its breakdown and why?
3. It's Friday and you have triple orders to fill for the weekend. You are working under time pressures, and your coworker is in a foul mood. How will you adjust your attitude in order to get the work done?
4. Unusual dosage amounts are required of a medication that you have worked with many times before. You don't feel that the dosage is correct. What will you do?
5. You are an experienced pharmacy technician and have to train someone who is not catching on very well to the math required for IV dilution. What will you do?
6. An angry nurse calls from the ninth floor to complain about an incorrect prescription. How do you handle her complaint?

EVALUATION REPORT OF THE MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

SUBMITTED BY JOHN P. CREIGHTON, TRADING AS "LITERACY
SERVICES OF MARYLAND", EXTERNAL EVALUATOR

The Maryland Hospital Skills Enhancement Program is conducted through a three-way partnership with Essex Community College as grantee and "lead agency", the Maryland Hospital Association and seven participating hospitals.

SECTION I - INTRODUCTION

During the time of this grant implementation, I met with grant managers, attended two workshop sessions for staff related to portfolio assessment (and spoke at one of them), and spent time visiting site coordinators (who are hospital staff) at their offices, and instructors and enrollees at class sites. I also met at length with the person responsible for the development of a portfolio assessment manual under a state education special project adult education grant.

I had previously developed separate questionnaire instruments for the different populations to be interviewed in the field. Unbiased, neutral structured questions were used in the interview process. Respondent answers were written out verbatim by the evaluator in the first person singular. There were three reasons for so doing:

1. It provides the report reader with a sense of the tone and tenor of the interview;
2. It provides more information than can be included in the body of a report; and
3. It provides substantive evidence of report findings. Complete interview questions and responses are included as an addendum to this report.

Seven hospital partner representatives were interviewed individually, one of whom represented the Maryland Hospital Association. Similarly, four instructors were interviewed. Four classes of participating employees were interviewed on a class group basis. The Portfolio Assessment Special Project consultant was interviewed individually with the focus upon the portfolio assessment process development and the relative success of this assessment project.

I believe that, since respondents were selected on a random basis, they comprise a representative sample of the universe of program participation.

This report is a compilation of the results of these processes. It includes commendations, recommendations, observations, findings and analyses.

Prior to conducting field-based research, I had several meetings with the program coordinator who had the day-to-day responsibility for this program. I was thoroughly briefed on the elements and dynamics of the program, and was provided with all appropriate program materials.

This is a federally funded "Workplace Literacy" grant sponsored program. Previous to this grant award, Essex Community College had earned a previous grant to work with the Martin-Marietta Corporation. The college has a long and effective record of providing customized educational services to employers and unions in the greater Baltimore area. Since 1957, it has provided more than one thousand courses and programs to both small companies and major corporations.

SECTION II - FINDINGS AND COMMENDATIONS

A. PROGRAM DEVELOPMENT AND IMPLEMENTATION

Despite the time constraints imposed by the grant's 90 day planning time limitation, the program was carefully and completely developed and implemented in accordance with the grant proposal.

The grant partners all contributed to this success.

B. EMPLOYER COMMITMENT AND SUPPORT

I found commitment and support to be universally strong. Hospitals believed the program to be of particular value at a time when all of them were undergoing a re-engineering and restructuring process. Since this process affects virtually all employees, skills upgrading takes on added significance.

The hospitals and the association saw their primary role as one of providing program support. This was accomplished in several different ways. Mentioned were such support resources as providing classroom space, paid release time for participants, tracking employee hours, program promotion and publicity, recruiting employees, consulting with the instructors and working cooperatively in integrating the instruction with employee career advancement counseling sessions.

Also mentioned by them were providing a staff person to act as site coordinator, providing for instructor needs including parking spaces, clerical support, making computer rooms available, making the program as accessible as possible to employees and to ensure that the curriculum reflected actual workplace needs.

Hospital partners are commended in particular for their successful efforts to recruit participants in collaboration with the college. They reported recruiting activities which included general information tables at strategic locations, informational articles in weekly newsletters, memos to department heads, encouragement of individual employees to enroll, supporting peer recruiting by enrollees, career fairs, brochures designed to interest lower level readers, posting of notices, flyers sent out with paychecks, the use of an information island booth, one-on-one counseling of employees and presentations to employees at departmental staff meetings.

Formal collection of these recruiting techniques into a workplace learning recruiting manual would be worthwhile. Such a manual would be of value to others involved in health care workplace learning programs and to the adult education field in general.

The hospital partners are commended for the systems in place to secure and maintain approvals from hospital administrators. Communication concerning the MHSEP is maintained through presentations to a management forum group, participation on a Maryland Hospital Human Resources Association task force, approval by a board of advisors and signed letters of commitment.

Respondents viewed the program as very beneficial to the hospital in many aspects. They mentioned the following: Better trained and better skilled employees improve the hospital's bottom line. A message goes out to employees that they are valuable. Employees raise self-esteem and are better able to participate in cross training. A feeling among workers that they are better trained and, hence, feel more secure in their jobs. A belief that an environment has been created that will encourage under-served workers to achieve greater career mobility and, ultimately, create culturally diverse hospital staffing more reflective of the patient populations served.

C. EMPLOYER PERCEPTIONS OF THE PROGRAM

All employers assured me that all of the courses offered were directly industry related and valuable both to the employees and the health care institutions.

They perceived that improved basic skills enabled employees to better meet the changing demands and challenges of health care. They saw the program as helping workers to do their jobs better and mentioned that those jobs related to effective patient care. They believed that they were helpful in developing curricula which increased workplace skills. They saw the program as providing for improved work in present jobs, improved cross-training, increased opportunities for promotion or upgrading, the ability to work more effectively with technology and to prepare workers for expanded job responsibilities.

D. FINDINGS, COMMENDATIONS AND OBSERVATIONS OF THE ROLE OF ESSEX COMMUNITY COLLEGE

Essex Community College was ideally suited for this project for several reasons: 1) It has a comprehensive Business & Industry Training section. 2) Since it had successfully carried out a previous Workplace Literacy Partnership project, it was experienced in developing and implementing a proposal plan. 3) Previous report statements as well as interview responses support the following commendations for Essex Community College:

1. The planning and implementation of the Maryland Hospital Skills Enhancement Program was a genuine partnership effort. All parties were in agreement about the goals of the program and a trust relationship was quickly established. Roles and responsibilities were clearly delineated. The timing for such a project was propitious since participating health care providers were very receptive to the program. Indeed, The Maryland Hospital Association had, independent of this proposed project, had become acutely aware of the literacy problem, had convened a task force, and had released a published report on this topic.

2. Curricular development and course offerings reflected the expressed need of the other partners. This process was accomplished according to recognized procedures such as the utilization of the workplace literacy audit. My interviews revealed the following: 1) Formal meetings were scheduled by the college with partner representatives. 2) Career information, job descriptions and worker task information was requested and provided. 3) College program coordinators met with and "shadowed" employees working in targeted positions, sometimes for an entire day. 4) Both employees and supervisors were interviewed. 5) Documents and forms were collected and reviewed. 6) A draft curriculum was written and brought to the supervisor of that department position for review to determine if the curriculum truly reflected job tasks. (N.B. I had never previously seen or read about this step. It seems a very wise thing to do.

It assures a real work related curriculum and it reflects a true partnership spirit. Traditionally, the education side gets input for curricular development and then develops it on its own. I would recommend sharing this step with other workplace literacy providers.)

Specific health care related curriculum was developed in the areas of Business Writing, Medical Terminology, Grammar and Writing, Math and Oral & Written Communication. Instructors met as a group and developed and critiqued curriculum drafts as part of the curriculum completion process.

These steps assure meeting genuine industry related needs and not merely a retrofitting of college course offerings. Health care needs are necessarily diverse. I observed classes in session and found the college offered a variety of courses within the limits of the grant requirement.

3. The college exhibited flexibility in providing course offerings at times most convenient to employers and employees. I noted classes scheduled at various times throughout the day including lunch hour and after shifts were completed. (One class met from 6:00 to 8:00 a.m.)

4. Both my own observations and participant responses support the fact that the quality of the overall instructional program was very high. The college hired excellent instructors and provided them with excellent orientation, initial training and ongoing supervision and follow-up. One supervisor comment: "The instructors are excellent. They really are committed, caring people. The students just love them. That's so important for adult learners."

E. FINDINGS AND COMMENDATIONS FROM PROGRAM INSTRUCTOR RESPONSES

The college is commended for having provided an essential and comprehensive initial orientation and training and follow-up support for instructors. They mentioned a two day seminar in July, specialized workshops, a video, ongoing workshops, assistance from the hospitals, observing existing class session and previous experience and training with workplace learning programs.

Their personal view of the program's success was very positive in the main. They felt that it was difficult to recruit and that more employees were needed. They also recognized the barriers to participation.

When asked about program changes, they recommended the following: More audio-visuals; the assurance of meeting in the same room each time;; quickly guide new learners into appropriate materials; develop an individualized learning plan for each student.

Under the heading of "Recommendations to others starting similar programs", the following emerged: Make sure you are meeting the individual needs of the institution; know your target students; understand what supervisors want; schedule classes at times best suited to participants; have more computers available for use.

F. FINDINGS AND COMMENDATIONS FROM PARTICIPANT RESPONSES

With virtually no exceptions, participants praised the program highly. All indications are that the program is meeting their needs.

The students interviewed had a length of service with hospital related employment ranging from two to thirty-seven years. The average length of employment would be in the more than 15 years cohort.

They first heard about this program through a variety of means, supporting the need for diversified recruiting methods in workplace learning programs as well as indicating that diversity in recruiting methods was properly instituted. Included were: a lobby campaign, from co-workers, newsletters, a paycheck enclosure and from a staff member.

They enrolled for a variety of reasons also. Named were: a need to understand medical terminology, a love of learning, personal advancement, skills enhancement, to learn computer skills, curiosity, to earn a GED and the availability of time to participate. Employee responses indicate that the availability of release time was not a predominate factor in determining to enroll.

All rated the instructional program as both effective and helpful to them and cited several reasons. Mentioned foremost was the high quality of the instruction and the highly developed skills of the instructors. Other responses were: personal goal accomplishment, improved self-confidence, the work-relatedness of the instruction, learning new skills, development of a positive attitude, a decision to attend the community college where the teacher is employed, the amount of learning accomplished.

All were sure that their skill levels had improved and cited specific work-related examples.

This response is consistent with related ones which cited such variables as the high quality of the instruction and the comfort and trust levels which they associated with their participation.

Respondents were either sure that what they had learned would improve their job performance, or believed that it probably would. They referred to job task improvement as evidence of their beliefs. Mentioned were improved telephone skills, improved ability to write notes, familiarity with terminology, improved ability to write up accident reports, course work as a prerequisite to job advancement and an improved job performance rating.

They also reported an increased ability to communicate on the job, citing such examples as now understanding the content of material typed, the meaning of a message related, the ability to pronounce rather than having to spell out words, the ability to better get along with a difficult supervisor, belief in one's own ability, increased confidence when calling doctors' offices and learning to wait for an appropriate time to speak one's mind. They believe that they can now better solve job-related problems citing increased understanding of job aspects, improved relationships with coworkers and writing a report for a meeting.

With respect to both attitude changes toward their job and their employer as well as confidence in their abilities as good workers, about half felt that the program was unrelated. These participants felt that their attitude was good previously and that their self-confidence did not need to be improved. Others, however, mentioned improved ability to express oneself, improved ability to write and to speak correctly and improved confidence in their abilities.

Without exception, all were strongly convinced that their confidence as a successful adult learner had markedly increased and that their self-esteem had improved. Comments referred to previous fear of attempting new experiences, the feeling of really learning, voluntarily joining a committee and greatly improved ability to handle workplace problems.

Every respondent considered the program to be a job benefit indicating to me, (a) the importance of this factor in developing recruiting strategies with workplace partners, and (b) the fact that this element of employee recruiting had been successfully utilized with this program.

All said that they would be very likely to recommend this program to others, again indicating that the utilization of present and past enrollees in recruiting others would probably be fruitful, especially if combined with incentives of some sort for doing so.

One comment: "I've heard others talk who have been to this program. It brought a lot of them up. One left housekeeping and went to O.R."

G. FINDINGS AND RECOMMENDATIONS CONCERNING THE INSTITUTION AND UTILIZATION OF PORTFOLIO ASSESSMENT (PA) AS A LEARNER ASSESSMENT MODEL

These findings come from several sources. In addition to the personal interview process, I personally attended two PA staff workshops.

There was initially, and continues to be, a mixed reaction from staff and learners concerning the efficacy of using portfolio assessment in this setting. Staff response was that it was not made clear to them initially what was to be done with learner portfolios. Staff felt that they were not clear about what was expected of them. One stated, "I was overwhelmed". They believe that, if continued, open discussion is needed concerning the "pitfalls" and the relative value of the process. They stated that portfolios need to be user friendly and that "good teachers" use a similar though less formal process.

The process became somewhat muddled when new teachers, who had not been trained in the process, came into the program after training had occurred. They did not do the portfolio assessment.

Staff also noted that theirs is not an in-school program. This stems from their initial orientation to the process which included viewing a down-linked televised session in which PA was used with in-school youth at a particular high school.

The practical logistics concerning PA also bothered staff members. Many were unable to keep materials on site and had to carry everything back and forth to each class. Additionally, they felt that the lack of either class or portfolio preparation time was a contributing factor in their lack of enthusiasm for the process.

Another concern was the time required to implement PA in the classroom. Most classes met for four hours per week and PA was expected to be integrated into the curriculum. To do so requires considerable time to explain the process to students. Staff complained that the student training process was inadequate. There appeared to be a lack of standardization of the process in the classroom. Some students would not save any work at all while others saved virtually everything. One instructor instituted a policy which satisfied her; each student was to save five pieces of work during the course.

Finally, it seems that some course work lends itself readily to PA, Business Writing for example. Other work, like Medical Terminology, clearly does not.

While the staff person responsible for initiating the process merits praise for being innovative, it appears that staff has learned from this experiment. Process, training, time and staff buy-in are clearly all key elements. In the future, however, key questions need to be addressed prior to implementation so that all are clear about expectations.

Assessment and instruction are inextricably linked. Coordinators and administrators need to know what they want based upon reasonable and educationally sound practices. What should portfolios reveal? What are the reporting requirements? How can portfolios help instructors and learners? What are the data needs? Is there an issue related to PA and the need for collecting quantifiable assessment data?

There is no question that portfolio assessment is useful as one tool of many in a tool kit to assess adult learners. It certainly is not the Holy Grail. It does not fit all situations as MAPP/CASAS does not fit all situations.

In retrospect, it might have been advantageous to pilot this concept at one or two sites prior to making a decision about full implementation.

My personal bias is that workplace assessment should satisfy all parties. To do that best, it seems to me, is to set a reasonable number of quantifiable, measurable and attainable objectives for the learner to attain, to provide related instruction and to measure the learners' attainment of them.

SECTION III - CONCLUSIONS

With the exception of the portfolio assessment issue, there is well documented evidence that the Maryland Hospital Skills Enhancement Program was successful and effective. One merely needs to peruse the addendum containing all respondent comments for substantiation. The program followed the grant proposal components and operated within the constraints of the grant award. I found the program to have been well planned and executed. It was exceedingly responsive to the needs of the hospital partners. Those partners eagerly look forward to a continuing association with Essex Community College and shared with me ideas for improving recruiting and involving department heads to a greater degree.

I found this grant program to operate truly as a partnership effort with roles and responsibilities clearly delineated. Hospital partners expressed a desire to work even more closely with college staff in the future in order to assure a smoothly functioning effective operation.

Both the college and the instructors are commended; the college for its selection of instructors and the instructors for their outstanding efforts. Both hospital staff and participants were in universal agreement that the instructors were exceptional in every respect.

The curriculum was truly work-based education. This process began with well developed workplace literacy audits and was viewed by participants as a naturally occurring outcome of their learning experiences. Students seemed to quite naturally cite evidence of their learning in terms of improved work performance rather than mere academic skill improvement alone. Such citations provide evidence that transfer of learning has occurred.

Finally, I wish to express my appreciation to the staff members and learners with whom I visited. All were gracious in granting me time and were candid and forthright in their responses to my questions.

ADDENDUM

INSTRUCTOR QUESTIONNAIRE RESPONSES

The numbered responses correspond to the following which lists the interview data, instructor, location and course.

1. Oct. 2, 1994. Jean H. Smith at St. Joseph's. Introduction to Medical Terminology Course.
2. Oct. 12th. Therese Parr at the Houck (340) Building, Johns Hopkins University Hospital Center.
3. Nov. 8th. Miriam Glister's General Skills class at St. Agnes Hospital.
4. Nov. 10th. Mary Martino's GED Prep class at St' Joseph's Hospital.

Initial orientation and training: (What kind of initial orientation and training, if any, did you have when you first began teaching here?)

1. Instructional assistance from Hopkins. A two day seminar in July. Staff development like going to the Kennedy-Krieger Institute this October - Adults With Learning Disabilities.
2. The coordinators did an initial orientation to the program with binders and video. We have ongoing workshops run by the program at the college. There's a wrap-up meeting tomorrow.
3. I had been at Martin Marietta so I was well prepared. I'm a certified specialist in Special Ed. and Reading. We had an orientation meeting.
4. I observed a class before I started and had several discussions with her (June McCauley).

Received needed support? (Since that time, have you received the support you need or not?)

1. One thing we're short on is more access to other learning resources. They told me to go shopping and see what I could find. They reimbursed me.
2. Yes. I have. The beginning was hard. Everybody was trying to figure out what our goals were.
3. Yes.
4. Yes, through June and Barbara.

Average number of students on roll: (About how many students are on your roll at any given time?)

1. Four to six. That's because it's a case that it (the class) came on suddenly and in August during vacation time.
2. Eleven.
3. Three. We started with seven. Right now we are winding down.
4. Twelve; five now that we are at the end.

Average class attendance: (What is your average class attendance?)

1. 80%
2. Six.
3. Two and one-half.
4. Three at this point - the end of the session.

Number of hours per week that instruction is offered: (How many hours per week is instruction offered?)

All - Four.

Description of student assessment system: (Tell me about your student assessment system. What is it like?)

1. Portfolio assessment is not appropriate for this course. The last week I'll have a test to see what they know. It's attendance-based passing rather than knowledge. There was no initial assessment.

2. We do the portfolio. We do the CASAS. There's an informal assessment based on what the student goals are.

(More about portfolio assessment.) Two weeks before we end, I ask them for five samples of their work; not more or less. Math, writing and reading. I copy it.

It's that plus initial evaluation with a learning style survey. It could be three semesters. But the five samples is plenty.

Initially, I had them leave everything in there. Then they would pare it down. Finally, I cut it down to five. The students decide what goes in there - "What you feel represents what you've done, especially any improvements you've made. The individual goal plan is in there also.

3. We have the CASAS system. For reading, I use the CASAS results. I give a diagnostic test in math. It's an informal test. We use portfolios. They complete a 3x5 card - what they want to get out of the class, like prepare for the GED.

4. They're assessed by a counselor (Elizabeth). They get a standard test and a writing sample. She evaluates it for levels. Portfolio assessment is also important.

Who selected the instructional materials and how? (Who selected the instructional materials? How was it done? How would you rate them?)

1. I did. 95% of this is me.

2. I do that. I have access to other materials plus I use the newspaper.

3. I did although the workbooks came from Liberty Medical Center, and the software which is on the computer. I use a lot of newspapers and magazines.

4. I do but there are materials available at the MHSEP office at Liberty Heights. I've a whole box of materials from them.

Description of instructional program: (How would you describe your instructional program?)

1. It's laid back. We all learn. There's conversation.

2. I do an hour on a topic in a group. The second hour is individualized and may include time at the computer room. There are four computers there.

3. It is individualized but we do small group work. We do computer ed. I give them terminology and workbooks about computer skills if they want that.

4. It's highly individualized. We evolved into a small group with large group as a secondary method. It's almost tutorial.

Competency-based curriculum; job emphasis? (A. Would you say it is a competency-based curriculum or not? B. Would you say that it has a job or occupational emphasis or not? C. Would you characterize your instructional program as individualized or not?)

1. A. No. B. Yes. C. Small group.

2. A. Yes. B. Yes. C. Yes.

3. A. Yes. B. Yes. C. Yes, I try but they may come from seven different departments so it's pretty general.

4. A. Yes. B. Yes. C. Yes. (Already mentioned.)

Retention and absences procedures: (What are your retention and absences procedures?)

1. The ones who are here work with them. They'll take extra samples of work for those who are absent.

2. An initial attempt is made to contact the person. I used to do more of that. Now, I'll call once or twice and if they still don't show up, I'll leave them alone.

3. I call them and I find out what the problem is. I invite them to come back. I call the counselor (Elizabeth) and tell her there's a possible drop.

4. I would contact them. There's a high level of motivation to continue. They get paid, get a certificate and a GED in some cases. They don't get the certificate if they don't attend.

How instructional program is evaluated: (Are you or your instructional program evaluated or not? How is this done?)

1. No one has come in to visit me yet.

2. Yes. The coordinators have visited us. The students fill out evaluations from the college. I hand them in.

3. Yes. We do have our supervisors come in. I've been evaluated. Also, what do your students think of you? That gets back to the site coordinator.

4. Yes. I have been observed by June and Barbara in the past month. We've had skills development workshops and they're (the coordinators) very receptive to our ideas and the students as well.

Involvement in curriculum development process: (Were you or are you involved in the curriculum development process or not? How were or are you involved?)

1. Yes.

2. Yes. There was a formal process in the beginning. I did that for the first two semesters. Now I develop my own lesson plans for myself.

3. Not for this class but for the medical terms class. I've written some things. Three of us work together. Jean Smith works with us.

4. With their (the coordinators) help and support, I develop the curriculum. We attempt to empower the students. (How?) By opening the doors. What is the GED test like? Offer them resources and encourage them to seek more education.

Personal view of program success: (Overall, how successful do you personally believe this program has been here? Would you say it is very successful, successful, or not very successful? Why do you say that?)

1. Successful. We only have six students. This is the initial course. It has potential. I ask the students for input to make it better.

2. Between "very" and "successful." It's successful but it's hard for employees to get to the morning class. There aren't enough to make an evening class. It's a scheduling problem.

3. Successful. The one reservation I have has to do with the male students. I haven't been able to attract or keep men when they sign up. They're more prone to drop out. I've read that successful companies make a big thing about the end of the program. Here, it takes weeks to get certificates.

4. Successful. The limitation is built in with adult learners in a workplace situation - shifts change or they have to stay after work.

Would like to see changed or would do differently: (What, if anything, would you like to see changed now or would you do differently next time?)

1. More audio-visuals. Some material is being reevaluated to make it more polished - to refine it.

2. I think we're in a comfortable routine. A consistent smaller room with tables and chairs would be nice. We have good communication with the hospital.

3. I have a little complaint about the way we are paid. We don't know when our last check will arrive and when the first one will come for the new program. I can't tell if the check is for staff meetings, curriculum development or class time.

4. Looking at January, there has to be more individual activity going on. Assess them quickly, guide them to the appropriate materials right away. The portfolio is very important. Develop an individual learning plan for each one of them. You assess them almost every class.

Recommendations to other programs: (What recommendations would you have for anyone planning a similar type of program?)

1. Have an idea of who your target students are. If it wasn't for St. Joe and Hopkins, I wouldn't be here. Make sure we are meeting the individual needs of each institution.
2. I guess making classes available for employees for when they can come. More communication with supervisors - understanding what they want. Letting supervisors understand how long it will take to improve skills or to reach their goals. I like the more structured format where students know what will be covered.
3. More computers. If they could have a fully media equipped classroom with storage space. And change the time slot because the students are tired.
4. This program here at St. Joseph is different. Have a lot of intercommunication among the instructors under the sponsorship of the director.

Other comments: (What other comments would you like to make about this program?)

1. I really like the whole concept of the MHSEP. You're encouraging people to come to a learning situation at work. They don't have to go to a college. It gets you back in the learning situation.
 2. None.
 3. We get people who have been up since 4:30 or 5:00 in the morning. They are pretty wasted. They do physical work. If it could be fitted in during the work day, it would be a big help.
- I'd like to have my job more career oriented. I could spend ten or twelve more years in adult ed. I think that MSDE is looking at adult ed. as a professional position.
4. It's a good program. If we could just get it out to more people.

PROGRAM PARTICIPANT RESPONSES - GROUP INTERVIEWS

Number "1" represents three female respondents from St. Joseph's Hospital.

Number "2" represents eight respondents from Johns Hopkins Hospital.

Number "3" represents two female respondents from St. Agnes Hospital.

Number "4" represents two female respondents from St. Josephs Hospital.

Length of company employment: (How long have you been working here?)

1. Range of 3 - 25 years.
2. Range of 2 - 27 years.
3. 37 years; 8 years.
4. 29 years; 18 1/2 years.

How heard about program: (How did you first hear about this program?)

1. Educational services was having a campaign in the lobby. This was part of that. By word of mouth from a coworker.
2. Hot line - a newsletter about what is going on. From Deborah Kerr, she's in charge of the LINK Project. (What?) They send you to school while you stay at work. Some of my coworkers told me about it. I read everything they give me with my paycheck. It was handed out with the check.
3. (Both) I was reading the HOSPITALK newsletter. There was a notice in there.
4. (Both) Through some of the other employees.

Reason for enrolling: (What made you decide to sign up for it?)

1. To me it is very important. It pertains to my job. There were a lot of words I really didn't know. I really like learning and I like medical terms. I need pronunciation of these terms.

2. It helps you to refresh your memory. It enhances your skills a great deal. It gives you the chance to take your time and understand what is going on - work at your own pace. I love school. Personal advancement. I want to go on to college.

3. I wanted a refresher course and enhance what I know. This is the computer age. The opportunity to use the WordPerfect. Really, more curiosity to see what it was like.

4. I have the time to spare so I would try it out. I didn't have a high school diploma. I've always liked school. I quit in eighth grade. I want a CED.

Released time factor in enrolling: (Would you have hesitated to sign up if you had not been provided any release time from work?)

1. Does not apply.

2. Six would: one would not.

3. We didn't know about the release time. I liked it because it's right in the building. It didn't interfere with my work hours.

4. Both, "No".

Perceived effectiveness of instructional program: (Now thinking about the instructional program - your teacher's effectiveness and what is being taught - please pick a number between 5 and 1 to rate your instruction. 5 means excellent, 4 means very good, 3 means average, 2 means below average and 1 means poor. What number would you pick? Why did you pick that number?)

1. "5" (unanimous). She really knows what she's doing. She keeps the interest up. She's not boring. She knows how to gather the attention of the students.

2. All, "5". She's a good instructor. She takes the time to make sure we understand. It's more like an individual instructor. It's fun. You could get bored. Her interest is in us as individuals - she cares about us. She picks out articles appropriate to our hospital environment.

3. One "5". My goal has been accomplished. I have improved my leadership and community service. I've seen improvement on my job. One "4". I think Miriam puts a lot into the class. She has been an encouragement to me. My own confidence has improved a lot.

4. One "5"; one "4". The teacher is excellent. She explains things so you can catch on. She has patience. She'll explain things over again if you need it.

Perceived personal helpfulness of class: (How helpful would you say this class has been to you personally? Would you say a great deal of help, some help, not very much help, or no help at all? Why did you pick that one?)

1. A great deal of help. I can use it in my work. A lot of things you didn't understand, you do understand - reading signs like "Ophthalmology".

2. A great deal of help. For me, I found my math was my weak point. Since I've been here, I've joined a committee. I have a more positive attitude. I've learned how to write an essay. I've decided to attend the community college where she works at.

3. A great deal of help. I mentioned the confidence. It's been a real encouragement and renewing and revitalized. My incentives and interest have been revitalized. It's affected my whole outlook. It makes me want to go back to school.

4. A great deal of help. I've learned a lot. A lot of things I learned here I never learned in school.

Perception that skill levels have improved: (Do you believe that your skill levels have improved or not?)

1. Yes. I have much more confidence. In my job - we transport patients - I'm now more familiar with terminology.

2. Yes. I graduated from high school forty years ago. It's a refresher.

3. Definitely. I've never touched a computer before. It has enhanced my skill levels tremendously. You feel good about yourself. You are accomplishing something.

4. Yes, improved a lot.

Personal feelings about program: (How well do you personally like this program - a great deal, somewhat, or not very much?)

1. A great deal. I want some more. Whatever course they have next, we'll take. (All agreed.)

2. All, "A great deal."

3. A great deal. I am involved in community activities. It has enhanced my inner strength. I'm not shy anymore. I'm a being of God and I can learn.

4. (Both) A great deal. It helps you communicate. It helped my reading. It helped me a lot.

Will learning improve job performance? (Do you think that what you are learning will definitely improve your job performance, probably will, or probably will not help? Why do you think so?)

1. Definitely. The terminology aspect of it. If someone tells you something, you know what they are talking about now. You're familiar with it.

2. Five, "definitely"; three, "probably will". My writing skills. I write up accident reports. Communication - You've got to be able to communicate with notes about patients. I work with people on the phone. They offer us advancement but we have to take courses.

3. (One) It already has. I was just evaluated last week. It increased my evaluation and my ability to do my work. (Other) I don't know. It depends on the nurse manager after she reviews my portfolio.

4. Probably will. You're going into the computer age now. After I retire, it will help me with some of the things I'm thinking about doing.

Changes in ability to communicate: (How about your ability to communicate on the job. Have you noticed any changes in yourself or not? What have you noticed?)

1. I do. I didn't know what I was typing or what a message was I was relating. I don't have to spell it now.

2. Yes. She helped me get along with a difficult boss. This was a big problem of mine.

3. Yes. When my confidence was increased, it helped me to believe I can do my job well. I do a lot of telephone work. I call doctors' offices. I notice a great deal of difference.

4. Yes. I've learned how to wait until the appropriate time to say what's on my mind. (The other) I don't talk a lot anyway.

Solve job-related problems better now? (Do you think you can now solve job-related problems better or not? Can you give me an example?)

1. Probably. Before, I really didn't understand. Now I say, "OK, I can pick it up right away". It's a matter of understanding.
2. Yes. Dealing with coworkers. If they have a bad day, you can say, "Calm yourself down".
3. "Oh, yes". (both) I went to a CQI Share the Vision meeting. I wrote this report and brought it back to class. The teacher graded it. I know more about working with a computer than anybody else in the department. It increases the value of my position.
4. It probably helps because you have a better outlook on whatever the problem is.

Perceived attitude changes toward job and employer: (What about your attitude toward your job and employer. Is it better, about the same, or worse than before you enrolled in class? Why do you say that?)

1. About the same. It was good before. I'm a person who asks questions if I don't understand.
2. It was okay. before.
3. Better. It has sharpened my senses. I can express myself with my coworkers now. I'm tuned in to my environment.
4. Maybe so. The program has helped us to write things in correct ways and speak appropriately - better English.

Improved confidence in abilities as a worker: (Do you feel more confident in your ability as a good worker than before or not?)

1. Yes.
2. All. "The same".
3. Yes.
4. The same.

Improved confidence as an adult learner: (How about your confidence as an adult learner. Do you now feel any more confident in your own ability to learn new things or not?)

All respondents answered, "yes". One added, "I was always afraid to try something new".

Perceived change in self-esteem: ("Self-esteem" means feeling good about who we are and what we can do. Has your own self-esteem improved, stayed the same, or decreased since you enrolled? Why did you pick that answer?)

1. Yes. I feel like I'm learning something. It's very good to be knowledgeable in every aspect.

2. It's improved. I joined a committee involved in improving the area around Johns Hopkins Hospital. I can help my children with school work. It was stuff I'd forgotten.

3. Improved, phenomenally. All of what I've already said. I can tell the biggest difference in how I'm handling problems in the workplace.

4. Improved. It gave me confidence in myself that I can do whatever I want to do that is right to do.

Consider program to be a job benefit? (Do you consider having this program available to you to be a job benefit or not?)

All respondents answered, "yes".

Any scheduling conflicts? (Have you had any conflicts between your class and work schedules or not? If you have, what were they?)

1 & 2. No.

3. Yes, a little bit. My supervisor allowed me to punch in a half hour early so I can get here. But sometimes I can't get away to get here on time.

4. No, we finish work before we start class.

Likelihood of recommending program to others: (How likely would you be to recommend this program to someone else who might have needs similar to yours - very likely, somewhat likely, or not very likely? Why?)

1. Very likely. It wasn't advertised. Not enough people know about it or there would be more here.

2. Very likely. They need the help. Especially those who haven't received their high school diploma. It gives them a chance to bring up their self-esteem.

3. Very likely, only if that person is interested - for their own personal improvement. It's an excellent opportunity. It's a rare thing.

4. Very likely. I just did today. We have quite a few people who have quite a few more years here. They would learn a lot more things to be able to work in other departments.

Suggestions to improve program: (What suggestions do you have to make this program better?)

1. I need more help with pronouncing words. Offer a higher level more advanced class, still with medical terminology. Maybe have three stages of classes.

2. Add more courses. More math and science courses; basic computer skills and medical terminology.

3. The managers or supervisors should introduce it to the persons under them. There are so many times when there is something wrong with the computers. It's usually cold in here.

4. No suggestions.

Perceived degree of program success overall: (Overall, how successful do you think this program has been - very successful, somewhat successful, not very successful, or unsuccessful? Why did you choose that answer?)

1. Very successful for those who are attending. The students are very interested and willing to learn.

2. Very successful. It let me realize where I was and it brought me up to a higher plane. It motivated me to go on. The number of participants have increased. Some people can't get the time off.

3. Somewhat successful. I wonder why the others didn't stay in? I tried to encourage a couple of them. It's hard to go to school when you're older.

4. Very successful. I've heard others talk who have been to this program. It brought a lot of them up. One left housekeeping and went to O.R.

Other comments: (What other comments would you like to make about this program?)

1. It goes so fast. She's good. Could we increase the length of the course? Could it be brought up to a credit class? I'm willing to pay a little something for a credit course. A sign language course would be good.

2. No comments.

3. I would like it to continue. The managers should make this available to their departments. It's an asset.

4. The hours are right. It's a good program to join for anyone who wants to better themselves in most any way.

HOSPITAL PARTNER REPRESENTATIVE RESPONSES

The numbered responses correspond to the following which lists the interview date, name and title of respondent, and work affiliation.

1. November 8, 1994. Susan Yates, Personnel Specialist, St. Agnes Hospital.
2. November 14, 1994. Marge Suter, Education Coordinator, St. Joseph's Hospital. Ms. Suter assumed this responsibility two weeks previously. The former site coordinator is now her supervisor so that continuity is maintained.
3. November 30, 1994. Deborah Knight-Kerr, Director of Community & Education Programs, Johns Hopkins Hospital.
4. November 29, 1994. Kathie Pistorio, Training and Development Coordinator, University of MD Medical System.
5. November 30, 1994. Yvonne Stewart, Recruitment Coordinator, Maryland Hospital Association.
6. November 29, 1994. Christine Walters, Manager of Employee Relations and Training, Sinai Hospital.
7. November 29, 1994. Wendy Kelly, Employment Retention Coordinator, Mercy Medical Center.

Understanding of goals and objectives: (What do you understand to be the goals and objectives of the MHSEP?)

1. To improve the basic skill levels of employees - reading, writing, math and problem-solving. To enable them to take on challenges and deal with the changing demands of health care.
2. To increase the cognitive learning skills of our hospital family.
3. To focus on targeted hospital service workers to help them to improve their basic skills - reading, math, writing and problem-solving so they can better perform their jobs and move into better positions. To help them move through the system. To help them to do their jobs better - effect patient care.
4. To enhance employee skills to help them better adapt to the changing environment in health care.

5. To set up a curriculum that will assist target hospital workers in increasing their work place skills by upgrading their basic skills.

6. To help both the hospital and employees prepare for changes in the health care industry - cross training, expanded roles, more technology, computers and all the rest.

7. To prepare employees to be able to be promoted from within. To offer the employees basic skills enhancement and GED so they can move around to different positions in the hospital.

Hospital roles and responsibilities: (As a partner in this effort, what are the roles, responsibilities and contributions of your hospital?)

1. I've pretty much been doing it all. Making sure space is available for classes, keeping track of employee hours and publicizing the program.

2. Providing the funding of the salary of the participants, facilities, consults with the instructors, providing a career direction for the employees, trying to get more people involved next year. It's important with the re-engineering and restructuring.

3. To provide the person to coordinate the program, me. Classroom space. We provide the monetary incentives to the employees. Provide whatever the instructors need, parking, computers, any kind of clerical support while the teachers are here.

4. We have a CTAL Center; a computer room where we train our students. That is available. We provide classroom space. One hour of work time when we can. It's difficult when you have shift employees.

5. To coordinate and implement the skills enhancement grant within the participating hospitals.

6. To maximize enrollment at our institution. To make the program as accessible to as many employees as possible. To make sure the curriculum really meets workplace needs.

7. We provided the classroom space, computers, time away from the actual work day and/or we paid them for going to class.

Role in recruiting: (If not mentioned - Did the hospital have a part in recruiting workers to enroll in the program or not?)

1. Yes. We set up a general information table outside the cafeteria. We publicized in newsletters. We also sent out memos to all departments telling them about the program - letting the managers know about it and telling them to encourage their employees.

2. They have. I'm going to be very active in getting the managers to encourage and support their workers. Some supervisors have been very supportive. I'd like them all to have that characteristic. The participants have been very supportive with their peers.

3. Yes, we did all of the recruitment with the help of Essex Community College. We had a couple of career fairs. We sent out brochures and memos to targeted departments. We posted notices in strategic places around the hospital.

4. Yes, we met with department heads and got their support. We sent out notices to all the targeted employees.

5. I developed a workshop on career changes and challenges. I'm going to all of the participating hospitals and offering that as a tool for skills enhancement. Encouraging workers to take charge of career changes and advancement. We participated through career fairs. We ordered brochures on careers written at a lower reading level, almost like cartoons.

6. Very much so. We sent out flyers with pay checks. We run articles in our weekly newsletter. Each semester we have an information island booth with information about the program.

7. Yes, I did it all. One-on-one counseling. I went to all the staff meetings of the nine targeted departments. I talked to the employees about the program and about careers in health care. I had a career fair for them. Booklets from MHA were available to them.

Curriculum development role: (Have you been involved in curriculum development such as providing workplace materials for educational use?)

1. Not really. They'll come and ask for certain things like job descriptions and who to contact for worker tasks. They did that for all the target positions.

2. Within this department I have generally but not with this program.

3. No.

4. We met with Essex to help develop the new curriculum. We are going to start our new program with a prep GED class to help them get their diplomas.

5. When requested and when available, yes. We have a career line. We have provided career information to June and Barbara.

6. Yes. Essex came out to meet with and shadow some of our employees - two or three in various roles - for about four hours. They interviewed employees and supervisors. We collected all the documents and forms they have to use or work with.

7. Yes. One of the coordinators from Essex came in and stayed the entire day and watched certain workers in certain positions like pharmacy tech. The coordinator would write the curriculum and bring it back to the director of pharmacy. She reviewed it. They let the pharmacy tech review the material to see if that was what she actually did on the job.

Scheduling conflicts: (Have there been any problems of conflicts with work schedules or not?)

1. Yes, that is a barrier because I have one room we use. Space is at a premium. People have dropped out because of scheduling conflicts.

2. Some of the people have had to get off early or to wait for class. We're talking about a longer session and repeating some of the material.

3. Very minimal. We worked it out with the supervisors and department heads so it doesn't affect patient care.

4. Yes. Because most of them are shift workers. Some department heads would not let them attend. I'm trying hard to get their buy-in for the next semester.

5. Yes. The liaisons say, "staffing problems". Departments are downsizing and can't afford to release people. The biggest is the lack of support of work site supervisors.

6. Yes. We try to work around them. I meet with the department heads before the semester starts to ask them, "When is the best time to let people go to class?". They're mostly patient care workers. It's the issue of WHEN can they let people go. It may have been the wrong time.

7. Yes. I had to have a six to eight a.m. class dropped. Essex dropped it because we didn't have eight to ten students. That's Essex Continuing Ed's policy, not the grant. I was very unhappy with that policy. That was not made clear to us in the beginning so we lost those three people. (Other?) A lot of employees from the same department wanted to go. We had to pick and choose who would go. Some simply can't leave the unit to get to class - patient care like labor delivery, for instance.

Policies and procedures compliance: (How well do the educational staff comply with work site policies and procedures like security and safety for instance?)

1 - 5 and 7. All responded, "Very well".

6. Fairly well. We only had one small problem. One instructor never returned a security badge. She may not have gotten the message left for her.

Upper management approvals: (How did/do you go about securing upper management approvals and keep them informed? Is there a formal process for doing this or not?)

1. I went to my boss who is VP of Human Resources. He asked me to be on the task force for the Maryland Hospital Human Resource Association. The CEO signed off on this program. They were all for it.

2. My boss will go back to the higher level committee meetings to report. Gayle was in charge at the start of it.

3. We have a management forum group that meets monthly. On two occasions I have talked to that group. I report directly to the Senior Vice-President for Human Resources. I meet with her weekly. I meet with the directors of the targeted departments twice a year or as needed.

4. We've done a GANT chart. We proposed it to our Vice-President for Human Resources first. He met with the senior level people to get their buy-in.

5. The president signed off on the grant proposal. The whole concept was taken to our Board of Advisors. Essex came to us and asked us to get involved.

6. I try and pull all the department heads together for a meeting prior to each semester. It makes a big difference in our enrollment. I had been on the original committee. The CEO had to sign a commitment letter.

7. The President, Sister Helen, signed off on this. I had meetings with supervisors. I announced the grant at a managers meeting. I had specific meetings with supervisors who had employees coming. I did a lot of one-on-one phone calls with managers. We filled out the supervisors survey at the end of the grant.

Partnership effectiveness: (How effective do you feel this workplace learning partnership has been so far?)

1. Overall, between somewhat effective and not very effective. Because it's like Susan's program and I alone do everything. We need management support - managers to buy in to the MHSEP. They need to encourage their employees more. We need better space.

2. Very effective. The self-esteem of those people who have been involved has grown tremendously. One has a GED and two more potentials only need their self-confidence. A couple are ready to go to a junior college.

3. Somewhat effective. It's just the beginning. Eighteen months is not a long time to see results. We are working out the kinks in the system and communicating better with the Essex staff.

4. Somewhat effective. Hopefully, with the more formalized program, we'll get a better turnout with everybody on the same level. There were some problems of intimidation of the lower level people. It blows their whole confidence.

5. Very effective. If it had worked this well in the beginning, we would have been further along with the program. The hospital liaisons have a better idea of what their role should be and the Essex staff has a better grasp of the hospital working environment.

6. Between very and somewhat effective. It's pretty darn effective. The only reason I don't say "Very", is because of attrition. I still don't have a handle on tracking those folks.

7. For my employees, very effective. For me being the coordinator, it's been moderately effective. We were supposed to have a video produced. We just now have it and it's at the end of the grant.

There was no consistency. Sometimes certificates went to employees, sometimes to me. Statistics by class were not forthcoming. We didn't have up-to-date statistics. They called my three students and dropped them without letting me know. I wasn't told about this policy until they called my employees and cancelled the class.

Benefits to hospital: (What benefits, if any, do you think this program provides or will provide to the hospital?)

1. It sends a message to employees that they are valuable. Better trained and better skilled employees affects the hospital's bottom line.
2. An employee with a higher level of self-esteem. Someone who is more capable of cross-training as we're getting into that.
3. We will have a better trained staff in those service areas. We will be addressing the needs of those employees who haven't had time to meet their adult education needs.
4. A much better work force. People will have a much more secure feeling about their jobs. It will promote better working relationships. People who feel more confident can work better together.
5. Better trained staff for the hospitals. It will create an environment that will encourage an under-served population within hospitals to achieve greater career mobility. Ultimately, it will create culturally diverse staffing in hospitals that is reflective of the populations they serve. Our hospitals pay dues to us. Healthy hospitals mean a healthy hospital association.
6. I hope it will reduce our attrition and help employees advance. Morale is a big one. I still see people in the hall who state that they feel real good about what they have done. Previous students will tell departments what they liked about the program.
7. It has given our employees greater self-esteem. An opportunity to do something they couldn't possibly do in their personal life without help. It has decreased absenteeism. They've gotten their GED, drivers license, gone back to college and applied for other jobs in the hospital. They're all waiting for January to come so it will start again.

Personal program assessment: (Which phrase would you choose to reflect your own assessment of this program so far...?)

1. Somewhat successful. Looking at what we have done. The individuals have benefitted. A couple were preparing for their GED. They are enthusiastic to learn.
2. Very successful, based on my other answer. I'm impressed with the employees' level of commitment and enthusiasm. We've seen documented progress.

3. Somewhat successful. I don't have the participation that I knew we could have. The problem is getting the word out to them. We have to communicate to those people.

4. Not very successful. We did have a large decline in attendance. We hope the formalized program will help that.

5. Somewhat successful. If you get anybody to make a positive change, it has a ripple effect. Our results are small right now but it's 500% above where we started. Everybody involved has done a terrific job. It took six months to figure out what we were doing. Institutionalization would be a measure of total success.

6. Fairly successful, for the same reasons.

7. Very successful, for my hospital and what it's done for my employees. It's well worth the blood, sweat and tears involved.

Program improvement: (What needs to be done at this point to make this program better or to keep it on the right track?)

1. Management support and encouragement. Support and buy-in. It makes all the difference. (Ideas?) Some jobs will be eliminated; other areas expanded.

I've got more support for it now. If the application pool things go through, the next time will be a lot better. We'll have better management support.

2. I want to publicize it heavily. A lot of people didn't realize it existed. Increase support by hospital managers.

3. Those were the main things. The extension of the program was what we really needed to make this work. We can have some measurements of success.

4. The buy-in from the department heads is going to be crucial. We're thinking about a task force of targeted departments to keep them aware of what is going on and get their ideas for next steps.

5. Commitment from the executive level down, at every hospital. More supervisory involvement. Better evaluative tools. What I'd like to see is an assessment of all of the factors of what makes a successful employee in a health care environment. Personal characteristics and traits, generic basic skills that are needed - reading, math and science. Problem-solving skills are extremely important. And a way to assess the work environment slash culture when someone comes into the program. The data needs to reflect if there is restructuring going on or not.

6. Communication between the site coordinators, the instructors, and the program coordinators. It's not bad now but we continue to do duplicative efforts. For example, we need to know who is contacting absentees.

7. They (Essex) have two new coordinators. They are much more organized. They listen to the hospitals. They have good ideas like a December workshop for new participants.

Other comments: (What other comments would you like to make about the program?)

1. We didn't get half the mileage out of this program that we could have. I'm only one person. It's impossible. You have to have a site coordinator. One person can't do it all.

2. The instructors are excellent. They really are committed, caring people. The students just love them. That's so important for adult learners.

3. All of our teachers have been absolutely excellent. They are patient and understanding. They really relate to our employees. I have nothing but high praise for them.

4. We are a new department. We think this program will help OUR programs. It's in direct correlation with our programs.

5. One of the key factors in selling institutionalization is the ability to quantify the effects of the program and how it impacts on the budget of the institution. It's the front line managers who are monitoring budgets and costs. What is the impact of letting them go to class?

6. I'm glad we got the other grant. It's great!

7. I like the instructors and the employees like the instructors. I really appreciated MHA's support.

INDIVIDUALIZED SELF-LEARNING PACKAGES

The counselor wrote formal and informal self-learning packages. A formal self-learning package was defined as one written according to the guidelines presented in "A Self-Learning Package On Self-Learning Packages" by Dorothy J. Del Bueno, 1975. It contained the information to be learned about the subject and brief evaluation exercises for the learners to check themselves. Informal self-learning packages provided learners with books, tapes, and other materials, guidelines for getting information from the books and activities in which to apply the information.

FORMAL A Self-Learning Package on Reading Dietary Menus
Essay Writing for the GED

INFORMAL Business Writing - Memos, Letter, Minutes
Spelling I
Preparing for the Linc Examination

The needs and requests of the hospitals, program instructors and students determined the content of the learning packages.

DESCRIPTION OF THE SELF-LEARNING PACKAGES

A SELF-LEARNING PACKAGE ON READING DIETARY MENUS

The St. Agnes Food Service Department requested a self-learning package on reading dietary menus. The package covered the reading and following procedures skills needed specifically for reading St. Agnes' Food Service menus and preparing patient trays. The Food Service professional staff supplied the materials for the package and edited the first draft.

ESSAY WRITING FOR THE GED

Students preparing to take the GED exam and their instructor requested a guide for passing the GED Essay Test. The package was written to meet the needs of both the instructor and the students. However, the instructor asked the counselor to present the package as an extra workshop to the whole group, instead of having the students work through the package individually.

BUSINESS WRITING - MEMOS, LETTERS, MINUTES

This package was divided into activities. An activity represented a concept such as, Activity I: Writing A Memo. Each activity had a goal, and the goal was accomplished by completing each assignment. The assignments were based on readings and exercises from the books, and a tape of a meeting to practice taking minutes.

Individualized Self-Learning Packages - 2

INDIVIDUALIZED LEARNING - SPELLING I (Part 1)

This packet was to be part of a larger package from which students would learn about 10 - 15 spelling rules. Spelling I covers two rules: the double final consonants F-L-S-Z and using a final K or CK. There wasn't any demand to develop more parts.

PREPARING FOR THE LINC EXAMINATION

Students specifically interested in preparing to take the LINC exam attended classes with a mix of people with different needs. To make it easier for instructors and students, the counselor developed Preparing For The Linc Exam to coordinate with the GED materials provided in the program. This packet contained a study time chart and covered areas that would be covered on the exam like vocabulary, reading comprehension, science and math.

CONCLUSION

The self-learning packages were an effort to meet the needs of those students who could not attend class. However, the students seemed more interested in being in class or being tutored rather than working independently. This was not surprising. Most adults wanting to acquire or review basic skills need the personal contact with an instructor, clear explanations and a multisensory approach to learning. Learning packages require a degree of reading comprehension, self-discipline and the ability to learn visually.

In the tutoring process a certain amount of independent learning was taking place in some cases, and the counselor and students would establish a very casual independent study with assignments and books. Under these circumstances the students progressed at their own rate and usually did not come for tutoring on a weekly basis. The counselor had to persist in keeping track of these students and in encouraging them to complete the work.

The counselor called those students who could not or did not want to attend class or tutoring sessions. During this phone inquiry from the counselor about whether they would be interested in a self-learning package, the reply was usually positive. However, when the package was completed, the student either did not keep the appointment or didn't return the calls to make an appointment. Consequently, this discouraged continued development of individualized self-learning packages.

Student Survey - 2

4. What were your feelings about being tutored by another employee?

I liked it. I learned from another employee who is more educated than I am.

It's okay. Especially someone I'm accustomed to see. We get along if we can understand each other's accents.

I liked it. No doubt about it because of her attitude. I already knew her a little.

It was a good way to let another person know what you are going through at the same institution. It is an enhancement of community growth and a key into learning something new.

Someone I knew; not like a stranger.

I didn't have any trouble with it.

5. What would improve the program?

The way it is, is good.

More time.

Nothing wrong with program, unless more time or room.

I would improve the program by addressing more on job training, more talk with the staff, and institute what you learn on the floor.

PREPARING FOR THE LINC EXAMINATION

I VOCABULARY

Build your vocabulary:

1. Answer the vocabulary questions on the sample test. Check your answers. If the answer is not right, look up the answer in the dictionary.
2. Use the word power exercises in Reader's Digest to increase your vocabulary.
3. Do section 1, pg. 10 "Tips for Learning New Words," Section 4, all, Section 5, all in the book, Vocabulary Improvement

II READING COMPREHENSION

1. Study the section on Reading Skills for the GED, pages 167-198, in the GED book. This section will give you a good background in the type of comprehension questions asked in multiple choice tests.
2. Study the Test Taking Skills Workshop.

III SCIENCE

1. Reading Comprehension will help in this area too.
2. Study Interpreting Graphs & Illustrations, pages 198-209 in the GED Book.
3. Study Science Section of GED book, pages 329-405.

IV MATH

1. Use your number power books as a guide as you work through them.
2. Take the post tests at the end of each chapter seriously. These post tests can tell you whether you know the math or not.
3. In whole numbers you need to know your addition, subtraction, multiplication, and division facts. (See Number Power #1, pages 6-7, 22-23, 45-46, and 71.)

PREPARING FOR THE LINC EXAM

A TIME PLAN CHART

CLASSES WEEK OF	TIME	STUDY GUIDE		Check Compt. V M	
		VERBAL	MATH		
Week 2 May 16-18	5:30-6:00 6:00-6:30 6:45-7:15 7:15-7:30	V I 10 R C 169-172 GED Sc 329-333 GED TT Skills 2-4	Review_____ New Work_____ Prac.pgs._____ TT Skills 2-4		
Week 3 May 23-25	5:30-6:00 6:00-6:30 6:45-7:15 7:15-7:30	V I 45-49 R C 173-174 GED Sc 333-334 GED TT Skills 5	Review_____ New Work_____ Prac.pgs._____ TT Skills 5		
Week 4 May 30-June 1	5:30-6:00 6:00-6:30 6:45-7:15 7:15-7:30	V I 50-52 R C 175-178 GED Sc 335-338 GED TT Skills 6	Review_____ New Work_____ Prac.pgs._____ TT Skills 7		
Week 5 June 6-8	5:30-6:00 6:00-6:30 6:45-7:15 7:15-7:30	V I 53-55 R C 178-181 GED Sc 338-344 GED TT Skills 8	Review_____ New Work_____ Prac.pgs._____ TT Skills 9-10		
Week 6 June 13-15	5:30-6:00 6:00-6:30 6:45-7:15 7:15-7:30	V I 60-62 R C 181-183 GED Sc 344-347 GED Gr 198-199 GED	Review_____ New Work_____ Prac.pgs._____ Gr 200-202 GED		
Week 7 June 20-22	5:30-6:00 6:00-6:30 6:45-7:15 7:15-7:30	V I 63-67 R C 183-185 GED Sc 348-352 GED Gr 202-204 GED	Review_____ New Work_____ Prac.pgs._____ Gr 204-205 GED		
Week 8 June 27-29	5:30-6:00 6:00-6:30 6:45-7:15 7:15-7:30	V I 68-69 R C 186-189 GED Sc 371-374 GED Gr 205-206 GED	Review_____ New Work_____ Prac.pgs._____ Gr 207-208 GED		
Week 9 July 4-6	5:30-6:00 6:00-6:30 6:45-7:15 7:15-7:30	V I 70-75 R C 189-191 GED Sc 374-376 GED Linc Ex. pg. 8-9	Review_____ New Work_____ Prac.pgs._____ Linc Ex. 10-11		
Week 10 July 13-15	5:30-6:00 6:00-6:30 6:45-7:15 7:15-7:30	V I 76-79 R C 191-193 GED Sc 377-379 GED Linc Ex. 12-13	Review_____ New Work_____ Prac.pgs._____ Linc Ex. 14-15		
Week 11 July 20-22	5:30-6:00 6:00-6:30 6:45-7:15 7:15-7:30	V I 80-85 R C 194-196 GED Sc 380-383 GED Linc Ex. 16-17	Review_____ New Workk_____ Prac.pgs._____ Linc Ex. 26-27		

Week 12	5:30-6:00	V I 86-93	Review_____		
July 27-29	6:00-6:30	R C 196-197 GED	New Work_____		
	6:45-7:15	Sc 384-388 GED	Prac.pgs._____		
	7:15-7:30	Linc Ex. 28-29	Linc Ex._____	30	

Abbreviation Key for the Chart:

V I = the book, Vocabulary Improvement

R C = Reading Comprehension Skills in the GED book

Sc = Science Section in the GED book

TT SKILLS = PROJECT LINC IN MARYLAND TEST TAKING SKILLS
WORKSHOP

Gr = Graph Section in the GED book

Linc Ex. = Linc Exam - PN Pre-Admission Examination
The numbers refer to the exam pages.

Math

Review = What you worked on last

Write the topic on the line (Review Adding Dec)
and review what you have done.

New Work = What you will work on at this time

Write the topic on the line (New Work Sub. Dec.)

Prac. pgs. = The pages you will work on now (Prac.pgs. 7-11)

DIRECTIONS:

Work together in pairs or groups of four.

Read, Discuss, and practice the work together.

Find a good pace. If you don't meet the times listed on the chart, don't worry. The chart is just to give you an idea of what you should try to study.

The Verbal and Math Skills are in two separate columns. They are set up, so that you can do verbal one class per week and math the other class. You and your group can decide the days.

When you complete an activity check it off in the CHECK
Complt. V = VERBAL or M = MATH column.

GOOD LUCK!

MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

INDIVIDUALIZED LEARNING - SPELLING I

GOALS: To help participants learn a minimum of 10 and a maximum of 15 spelling rules.

To have participants make up their own reference book with the basic rules.

MATERIALS:

Word lists from Basic Angling Practice Book by Dorothy B. Montgomery and Linda M. Gipson, Exercises from Angling For Words by Carolyn C. Bowen, Spelling Book, Contemporary's Edge On English, ALL SPELLED OUT A-B by Betsy Rubin, and a spiral index card book.

LESSON 1: Alphabetizing, Letter Sounds, Abbreviations

Read and do the exercises in All Spelled Out A, pages 3 - 7.

LESSON 2: One Syllable Words (Short Vowel Sounds)

Pronouns

Greetings

Rule 1: F-L-S-Z

1. Read and do the exercises in All Spelled Out A, pages 8 - 14.
2. Read and do the exercises in All Spelled Out A, pages 15-16.
3. Copy the rule for F-L-S in the box on page 15 in All Spelled Out A in your spiral note card book. Write an example for each letter under the rule.
4. Do the practice exercises included in this packet, pages 5-8, for the F-L-S Rule.
5. Complete the following chart by writing each word under the correct double letters.

words	ff	ll	ss
miss	cuff	dull	
puff	fill	bill	
lass	hiss	bass	
tiff	sill	kiss	
Jill	mass	pass	
dull	miff	grass	
muff	fuss	dill	
pill	muss	still	

Spelling A - Page 2

6. On the back of the card with the f-l-s rule in your spiral note card book write the exceptions.

Exceptions:

other double consonants: egg
mitt
putt
fuzz
fizz
buzz
jazz
inn

single s: gas, bus, plus

single s that makes "z" sound: has, was, is, his

LESSON 3:

USING Final K, CK

1. Read and do the exercises on page 17 in All Spelled Out A.
2. Copy the rule on page 17 in your spiral note card book.
3. Practice the rule by doing the exercises on page 12, 13, 14, and 15 included in this packet.
4. Write the exceptions on the back on the note card for the Final K, CK rule.

Exceptions:

Use c at the end of multi-syllable words to spell (ik).

attic, plastic, tannic, aspic, metric,
classic, mystic, picnic, optic, Celtic,
lactic, tragic, styptic, hectic, frantic,
cosmic, magic, mastic, citric, skeptic,
traffic, music

ESSAY WRITING FOR THE GED

A SELF-LEARNING PACKAGE

BY

**ELIZABETH MANDLEN, M.S.ED.
MHSEP - ESSEX COMMUNITY COLLEGE**

The most important part of writing the GED Essay is ORGANIZATION. Good ORGANIZATION is more important than spelling, grammar, or punctuation.

The PURPOSE of this learning package is to show you how to organize the GED Essay.

The GOAL of this package is to help you pass the essay part of the GED test.



OBJECTIVES:

At the end of this self-learning package, the self-learner will be able to:

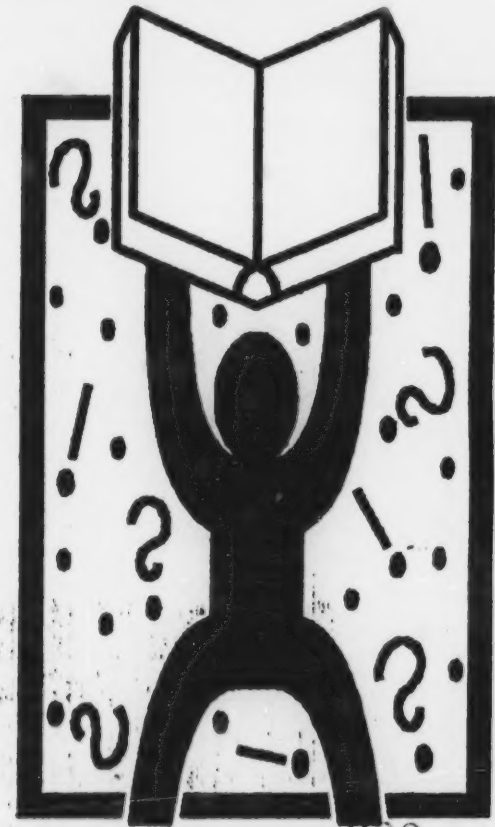
1. List the 7 Steps for writing the GED Essay.
2. Identify the 3 parts of the essay question.
3. Organize and write a 4 paragraph essay.

READ AND UNDERSTAND THE ESSAY QUESTION.

THE ESSAY QUESTION:

Each question has three parts:

1. The Background
2. The Question
3. The Directions



SAMPLE ESSAY QUESTION

BACKGROUND >

Some people believe that all 18 year-old citizens should be required to perform at least one year of military or public service.

QUESTION >

Do you agree or disagree with this idea?

DIRECTIONS >

Write an essay of about 200 words in which you present your opinion and support it with specific reasons and examples.

WRITING THE FIRST PARAGRAPH

(DON'T FORGET TO INDENT THE FIRST SENTENCE OF EACH PARAGRAPH)

STEP 1: Copy the BACKGROUND section of the question.

STEP 2: Write the question as a statement of your opinion.

SAMPLE INTRODUCTION

FIRST PARAGRAPH

Step 1: Copy
the background

Step 2: Write
the question as
a statement.

"I agree with
this idea. I
think that ..."

Some people believe that all 18
year-old citizens should be required to
perform at least one year of military or
public service. I agree with this idea. I
think that all 18 year-old citizens should be
required to perform at least one year of
military or public service.

YOUR TURN !

From the sample GED Essay questions choose 1 topic from B - M.

Read the essay question.

Identify the three parts.

Copy the background information (be sure to indent your first sentence.)

Write the question as a statement of your opinion. (It will be the last sentence of your introductory paragraph.)

YOUR TURN !

On your scrap write down 2 reasons and examples for your essay topic.

STEP 4: WRITE THE SECOND PARAGRAPH.

Look at your notes and put your ideas for reason 1 into sentences.

Paragraph 2
Sample >

One reason 18 year-old citizens should perform one year of military or public service is that it will help them to mature. For example, in high school Jack was wild. He cut classes frequently, smoked pot, and was thrown out of school for a couple of days because he "cussed out" a teacher. After graduation he enlisted in the marines. The marines gave him the discipline he needed. Eventually he became a platoon leader and learned responsibility by being a platoon leader. As a platoon leader he was responsible for his men and held accountable. If he made a mistake, he had to take the consequences. Jack really grew up in the military.

YOUR TURN !

Look at your notes and put your ideas for reason 1 into sentences. Don't forget to indent the first sentence of your paragraph.

STEP 5: WRITE THE THIRD PARAGRAPH

Look at your notes and put your ideas for reason 2 into sentences.

Paragraph 3 Sample >

Another reason 18 year olds should perform a public service is that it will give them experience and build their self-confidence. For example, Mary finished high school, but she didn't know what to do. She was lonely and unhappy. She tried to get a job, but never got past the first interview. She felt like she couldn't do anything right. One day she heard about a program which needed a teacher's aide for a kindergarten class. She volunteered. The kids loved Mary, and this boosted her morale. After the year ended, Mary knew that she wanted to become a kindergarten teacher.

YOUR TURN !

Look at your notes and put your ideas for reason 2 into sentences. Don't forget to indent the first sentence of your paragraph.

STEP 6: WRITE THE LAST PARAGRAPH THE CONCLUSION

In the conclusion you repeat what you have already said in a different way.

Paragraph 4 Conclusion Sample >

Both Jack and Mary were able to improve themselves because of their experiences in the military and public service. Taking a year off to serve the country would help most young people to develop their talents, skills, and self-confidence. A year of service would benefit the young people as well as the country.

YOUR TURN !

Read the first 3 paragraphs of your essay and summarize what you said in your mind.

Write the conclusion to your essay by repeating what you have already said in the first 3 paragraphs.

Don't forget to indent the first sentence of your concluding paragraph.

STEP 7: EDIT YOUR ESSAY

Read your essay carefully to find any mistakes.

1. Did you indent all your paragraphs?
2. Do all your paragraphs have a minimum of 2 - 3 sentences?
3. Did you put a period at the end of each sentence?
4. Did you put a comma before and, but, for when writing compound sentences?
5. Did you correct any spelling mistakes?
6. Do all your nouns and verbs agree? For example: The boy runs fast.

boy = 3rd person singular noun

runs = 3rd person singular verb

7. Did you use Organization words like first, second, one reason, another reason, for example?

Be sure to use your grammar book to check yourself!

GOOD LUCK ON THE GED !



MARYLAND HOSPITAL SKILL ENHANCEMENT PROGRAM

INDEPENDENT STUDY PACKAGE

BUSINESS WRITING - MEMOS, LETTERS, MINUTES

MATERIALS FOR WRITING FOR WORKPLACE SUCCESS. Gary N. McLean and
ACTIVITIES I, Art Lyons. Paradigm Publishing, Inc., St. Paul,
II AND III: MN, 1991.

VOCABULARY IMPROVEMENT. Diana Bonet. Crisp
Publications, Menlo Park, CA., 1992.

EDGE ON ENGLISH GRAMMAR WRITE AWAY BOOK 2. Betsy
Rubin. Contemporary Books, Inc., Chicago, 1988.

NOTE-TAKING MADE EASY. Judi Kesselman-Turkel and
Franklynn Peterson. Contemporary Books, Inc.,
Chicago, 1982.

WEBSTER'S DICTIONARY, THESAURUS

GENERAL

DIRECTIONS:

If you have any questions while you are working
on this independent study call your tutor at

As you complete the writing exercises in each
lesson, send them to your tutor or call her/him for
a tutoring appointment. Send your work in the
self-addressed, stamped envelope to your tutor's
address:

ACTIVITY I: WRITING A MEMO

GOAL: Upon completing Activity I, Writing A Memo, you will
be able to write 4 kinds of memos: giving
information, responding to questions and requests,
making requests, and reporting information.

ASSIGNMENT A: In the book, Writing For Workplace Success, read and
complete all of the writing exercises in the
following units:

- Unit I, Lesson 4, pgs. 53 - 69
- Unit II, Lesson 5, pgs. 77 - 97
- Unit II, Lesson 7, pgs. 115 - 133
- Unit III, Lesson 11, pgs. 188 - 202
- Unit IV, Lesson 15, pgs. 263 - 276

BUSINESS WRITING - 2

ASSIGNMENT B: In the book, Vocabulary Improvement, study and complete the exercises in Section 3, "Digging The Dictionary," pgs. 19 - 39. Check your answers at the end of the section.

ASSIGNMENT C: Your grammar lessons will be assigned according to what your writing shows you might need to work on.

ASSIGNMENT D: STUDY SKILLS

1. SUMMARY

- A. List the ideas you learned about writing, vocabulary, and/or grammar.
- B. Choose the 3 new ideas that you think are most important.

2. MAKING THE CONNECTION

- A. Make a chart with two columns, one should be headed NEW CONCEPTS, and the other should be headed OLD CONCEPTS.
- B. Write the 3 new ideas you chose in the New Concept column. Then, in the Old Concept Column write the concepts you had to already know to be able to learn the new concepts.

C. SAMPLE CHART

NEW CONCEPTS	OLD CONCEPTS
1. Making my purpose for writing clear	Critical Thinking Skill of asking myself questions
2. The purpose of using a thesaurus	Understanding the meaning of synonym
3. Using pronouns clearly	Definition of a pronoun Words that are pronouns

BUSINESS WRITING - 3

ACTIVITY II: WRITING A BUSINESS LETTER

GOAL: Upon completing Activity II, you will be able to write 3 kinds of business letters: responding to requests and questions, making requests, and reporting information.

ASSIGNMENT A: In the book, *Writing For Workplace Success*, read and complete all of the writing exercises in the following units:

Unit II, Lesson 8, pgs. 133 - 152
Unit III, Lesson 12, pgs. 203 - 228
Unit IV, Lesson 16, pgs. 277 - 294

ASSIGNMENT B: In the book, *Vocabulary Improvement*, study and complete the exercises in Section 4, "Uprooting Root Words," pgs. 43 - 55. Check your answers at the end of the section.

ASSIGNMENT C: Grammar lessons assigned in *Grammar Write Away* as indicated by your writing assignments.

ASSIGNMENT D: STUDY SKILLS

See Assignment D in Activity I. Write a summary, list the 3 most important ideas, and make a New/Old concept chart as described in that assignment.

ACTIVITY III: WRITING MINUTES AT A MEETING (OPTIONAL)

GOAL: Upon completing Activity III, *Writing Minutes At A Meeting*, you will be able to list what information should be included in the minutes and explain how the information should be organized.

ASSIGNMENT A: In *Note-Taking Made Easy* read chapter 8, *Taking Minutes of Meetings*.

1. Take notes on the chapter. Find out ...
 - A. What information should be included in the minutes.
 - B. Explain how the information should be organized in the minutes.
2. Listen to the cassette tape of a meeting, take notes, and organize the notes into the minutes of the meeting.

BUSINESS WRITING - 4

ASSIGNMENT B: In Vocabulary Improvement complete the exercises in section 5, **Building a Strong Vocabulary**, pgs. 57 - 100. Check your answers at the end of the section.

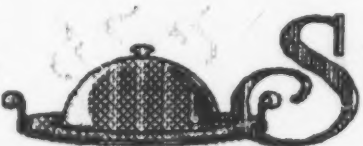
ASSIGNMENT C: Grammar review as needed.

When you have finished all of the assignments, you will have one last conference. At this last conference you will receive a **CERTIFICATE OF COMPLETION FOR THE INDEPENDENT STUDY**.

A SELF-LEARNING PACKAGE ON READING DIETARY MENUS

BY
ELIZABETH MANDLEN
ESSEX COMMUNITY COLLEGE

WITH
THE ST. AGNES HOSPITAL
FOOD SERVICE DEPARTMENT

TODAY'S  SPECIAL

PURPOSE:

To give you, a food service worker on the tray line, reading tips to help you read the menus easily and accurately.

GOALS:

After completing this self-learning package you will be able to:

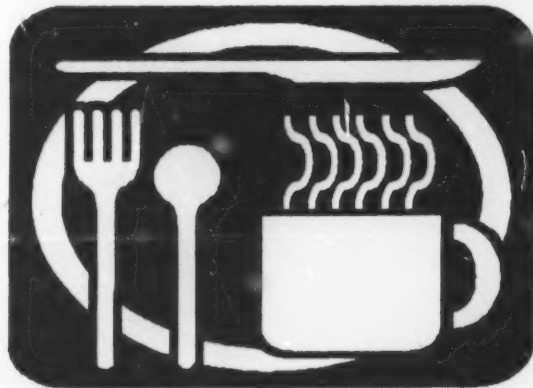
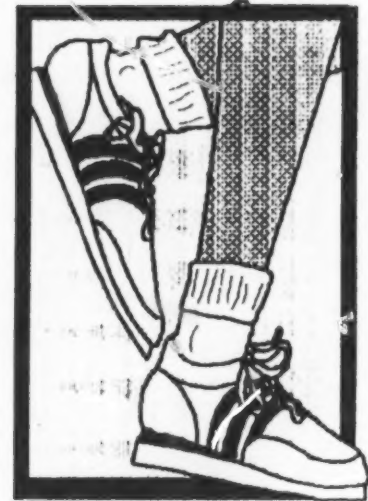
1. Discuss 3 tips for reading menus.
2. Identify how the items are organized on the menu.
3. Arrange items on a blank menu.
4. List 5 steps for following procedures.

As a food service worker you must be able to:

Stand in one spot for a long time.

Pay close attention to what you are doing.

Do 2 things at once...



- (1) READ THE MENU
- (2) SERVE THE FOOD

3 STEPS FOR READING MENUS

- (1) Notice the menu's color code and key for a specific diet.
- (2) Scan the menu by reading the bold titles heading each section.
- (3) Pay close attention to the circled and/or starred * items in the section you are serving.



HOW DO YOU FOLLOW THE THREE
STEPS AS YOU DO YOUR WORK?

THINK AS YOU READ!



HOW DO YOU THINK AS YOU READ?

ASK YOURSELF QUESTIONS UNTIL THE
STEPS BECOME AUTOMATIC.



STEP I:

Notice the menu's color code and key for a specific diet.

QUESTIONS:

What color is the menu?

What diet does the color represent?

What are the restrictions and/or exchanges?

Are all the foods allowed circled?

If not, which foods should I give?



MENU COLOR CODES AT ST. AGNES HOSPITAL

COLOR

Pink

Lavender

Blue

Yellow

Orange

Brown

Green

Black

DIET

Soft

Liquid

Sodium Restricted

Calorie Controlled

Cholesterol Controlled

Renal

Regular

Children's

SPECIAL DIETS
SODIUM RESTRICTED DIET

&



RENAL DIET



NO SALT BOTH DIETS ARE LS NO SALT

LS = Food Prepared Without Salt

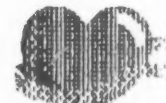
SODIUM RESTRICTED DIET FOR THE FOLLOWING CONDITIONS:



HEART DISEASE

HIGH BLOOD PRESSURE

KIDNEY DISEASE

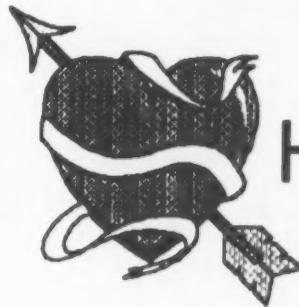


SPECIAL DIETS

CALORIE CONTROLLED DIET

LOW CHOLESTEROL

HEART MEANS LOW FAT



THE RENAL DIET FOR KIDNEY DISEASE
NO SALT OR CO-SALT

LIMITED AMOUNTS OF FOODS WHICH
MAKE THE KIDNEYS WORK HARDER:

MEAT AND MILK - PROTEIN

FRUITS & VEGETABLES - POTASSIUM

* UNLIMITED FAT SERVINGS ALLOWED *

CALORIE CONTROLLED DIET FOR THE FOLLOWING CONDITIONS:

NO!



DIABETES

OBESITY (OVERWEIGHT)

NO!



CALORIE CONTROLLED & RENAL DIETS HAVE EXCHANGES.

EXCHANGES are the number of servings
allowed for each food group.

EXCHANGE (1) = 1 FOOD ITEM

For Example:

Vegetable (1) = 1 Serving of Green Beans

WATCH OUT !



FOR CROSSED OUT
ITEMS ON THE MENU.



DO NOT SERVE CROSSED OUT ITEMS,

OR

ITEMS WITH (0) NEXT TO THE
EXCHANGE.

STOP



DO LEARNING CHECK # 1

BEFORE GOING TO THE NEXT PAGE

LEARNING CHECK # 1

1. Which of the following is NOT necessary for you to know to serve the meals correctly?

- a. The type of diet
- b. The number of calories
- c. The exchanges
- d. The circled items
- e. The crossed out items

2. LIST 3 STEPS FOR READING MENUS:

1.

2.

3.

3. You should ask yourself _____ until the steps become automatic.

4. A Sodium Restricted diet means no _____.

5. A Calorie Controlled Diet means low _____.

6. An exchange equals _____.

7. TRUE AND FALSE:

a. 1 Vegetable Exchange = 2 servings.

b. Items with exchange (0) should be served to the patient.

ANSWERS FOR LEARNING CHECK # 1

1. b. the number of calories
2. 3 Steps for Reading Menus
 1. Notice the color code and key for a specific diet.
 2. Scan the menu by reading the bold titles heading each section.
 3. Pay close attention to the circled and/or starred * items in the section you are serving.
3. questions
4. salt
5. fat
6. 1 serving
7. a. false b. false

READING & THINKING ABOUT THE MENU...

Directions:



1. Look at the menu on the next page.
2. Read and think about the menu by following the questions below.



QUESTIONS:

1. WHAT KIND OF DIET IS IT?

Calorie Controlled. This means that the diet will have exchanges and maybe crossed out items.

2. WHAT IS THE CHOICE FOR THE MEAT EXCHANGE?

Spaghetti/Meat Sauce is circled.

3. HOW MANY BREAD EXCHANGES SHOULD THE PATIENT GET WITH SPAGHETTI?

None. Spaghetti was selected and counts as 1 starch/bread exchange.

4. WHAT SHOULD I DO? NO CHOICE IS CIRCLED UNDER VEGETABLE EXCHANGES (1).

Since only 1 exchange is allowed, choose only 1 vegetable serving.

5. HOW MUCH MARGARINE IS THE PATIENT ALLOWED? 1

6. WHAT FRUIT EXCHANGE DID THE PATIENT CHOOSE?

Peach Halves

7. CAN THE PATIENT HAVE A MILK EXCHANGE? No. It is crossed off.

CALORIE CONTROLLED DIET

DINNER

Please circle all selections

TUESDAY

MEAT EXCHANGES (3)

Spaghetti/Meat Sauce
(omit 1 starch)

Turkey Dijon

STARCH/BREAD EXCHANGES (1) ○

Rice Pilaf Dinner Roll
White Bread Wheat Bread Rye Bread
Crackers (6)

VEGETABLE EXCHANGES (1)

Green Beans Sliced Carrots

FAT EXCHANGE (1)

Margarine

FRUIT EXCHANGES (1)

Peach Halves Sliced Pineapple

~~MILK EXCHANGE ()~~

~~Skim Milk~~

BEVERAGE & FREE ITEMS

Soup of the Day

Iced Tea

Coffee

Sorbet

Decafe Coffee

- 20 -

Diet Jelly

STOP



DO LEARNING CHECK # 2

BEFORE GOING TO THE NEXT PAGE

LEARNING CHECK # 2

I. MATCH the diet to the condition. (you may use the same diet more than once.)

DIETS	CONDITIONS
A. CALORIE CONTROLLED	_____ 1. HEART DISEASE
B. SODIUM RESTRICTED	_____ 2. DIABETES
C. RENAL	_____ 3. OBESITY (OVERWEIGHT)
D. CHOLESTEROL CONTROLLED	_____ 4. KIDNEY DISEASE
	_____ 5. HIGH BLOOD PRESSURE

II. TRUE OR FALSE

1. The Renal and Calorie Controlled diets have exchanges.
2. The Renal diet limits the amount of certain foods which cause the kidneys to work harder.
3. Patients with Kidney Disease can have unlimited amounts of protein, vegetables and fruits.
4. In Renal diets fat servings are limited.
5. Calorie Controlled diets help patients watch their cholesterol.

LEARNING CHECK # 2 (continued)

iii. Read the menu on the next page and answer the following questions about it.

1. What kind of diet is it?

2. LS means _____.

3. How many exchanges is LS

Chicken Salad? _____

4. Which bread did the patient

circle? _____

5. No Milk Servings are circled.

Should you give the patient a Milk

Serving? Why or Why not?

RENAL DIET

SNACK

Please circle all selections #3

TUESDAY

MEAT SERVINGS (2)

LS Cheese LS Chicken Salad

BREAD SERVINGS (1)

White Bread 1 Wheat Bread 1 Rye Bread 1

LS Crackers 6 Graham Crackers 2

LS Almond Cookies

FAT SERVINGS (UNLIMITED)

Cream Cheese LS Margarine

MILK SERVINGS (0)

2% Milk 1/2C Whole Milk 1/2C

Skim Milk 1/2C

BEVERAGES & FREE ITEMS

Cola 8 oz.

Gingerale 8 oz.

Lemonade

Jelly

Jelly beans

- 24 -

ANSWERS FOR LEARNING CHECK # 2

I. MATCHING

1. HEART DISEASE - A, B, D
2. DIABETES - A
3. OBESITY - A, B
4. KIDNEY - C
5. HIGH BLOOD PRESSURE - A, B

II. TRUE OR FALSE

1. T
2. T
3. F
4. F
5. T

- 25 -

ANSWERS FOR LEARNING CHECK # 2 (con't.)

1. RENAL

2. NO SALT

3. 2

4. RYE BREAD 1

5. NO. EVEN THOUGH NOTHING IS CROSSED OUT, THE EXCHANGE SAYS ZERO (0). THIS MEANS THAT NO MILK SERVINGS SHOULD BE GIVEN TO THE PATIENT.

STEP 2:

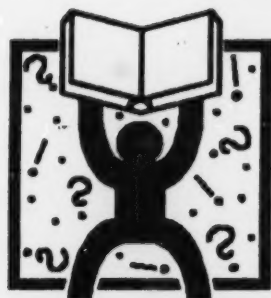
Scan the menu...

SCANNING IS PHYSICAL.
YOUR EYES MOVE FROM
TOP
TO
BOTTOM

LOOKING FOR AND STOPPING AT THE
ITEMS YOU SERVE.

TO SCAN YOU NEED TO:

RECOGNIZE THE WORDS -



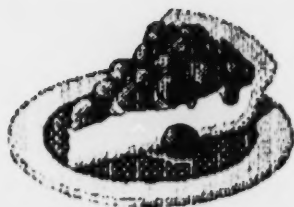
VOCABULARY.

UNDERSTAND HOW THE MENU

IS ORGANIZED.

- 28 -

309



310

VOCABULARY

DIETS

sodium
restricted
soft
liquid
regular
calorie
controlled
exchanges
children's

311

MEALS

dinner
snack
continental
breakfast
brunch
lunch
circle
selections

- 29 -

SELECTIONS

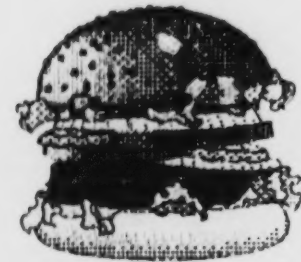
appetizers
entrees
vegetables
breads
spreads
beverages
cereals
desserts

312

HOW IS THE MENU ORGANIZED?

The menu is organized the same for all the meals.

TOP: Juices, Cereals,
Soups, Salads, Main
Dishes, Snacks &
Sandwiches



MIDDLE: Side Dishes,
Breads & Spreads



- 30 -

BOTTOM:
Desserts &
Beverages



STEP 3:

Pay close attention to the circled items in the section you are serving.



ABOUT WHAT YOU ARE DOING!

SUMMARY FOR READING MENUS

Look at the color of the menu.

Identify the type of diet.

Find the area you are serving.

Notice circled, starred, and/or crossed out items and number of exchanges.

LEARNING CHECK # 3

I. Answer the questions about scanning.

1. When scanning, your eyes should move from _____.

2. As you scan, what are you looking for? _____

3. List 2 things you need to know to scan successfully.

II. VOCABULARY: Make a list of the words on the menu that you don't know, look them up in a dictionary, and study them.

LEARNING CHECK # 3

(continued)

III. ORGANIZING THE MENU:

1. Arrange the selection headings in the right order starting at the top.
2. Put the items under the correct headings.

HEADINGS (Cut, Separate, keep in Envelope)

Please circle all selections

MILK SERVINGS

RENAL DIET

BREAD SERVINGS (2)

TUESDAY

FAT SERVINGS (UNLIMITED)

MEAT SERVINGS (SELECT ONE)

BEVERAGE & FREE ITEMS

VEGETABLE SERVINGS (2)

FRUIT SERVINGS (1)

DINNER

- 36 -

ITEMS (Cut, Separate, Keep in Envelope)

Sliced Pineapple	Jelly
2% Milk 1/2C	Whole Milk 1/2C
LS Rice Pilaf	Tea 1/2C
LS Green Beans	LS Crackers (6)
LS Margarine	Sugar 1-2
LS Spaghetti/LS Meat Sauce	Cola 8 oz.
White Bread (1)	Rye Bread (1)
Coffee 1/2C	Sherbert
LS Sliced Carrots	LS Chicken Noodle Soup
LS Herb Margarine	Wheat Bread (1)
Peach Half	Romaine Lettuce
Creamer	Gingerale 8 oz.
LS Herbed Turkey	Water Ice 1/2C
Dinner Roll (1)	Hard Candy
LS Dressing	
Skim Milk 1/2C	

ANSWERS FOR LEARNING CHECK #3

I. Scanning

1. top to bottom
2. items I serve
3. words or vocabulary on the menu

how the menu is organized

II. Some Vocabulary Words from the menu

1. sodium (so-di-um) - salt
2. restricted (re-strict-ed) - to keep within limits
3. calorie (cal-o-rie) - amount of energy or heat a person's body makes when a certain amount of food is eaten
4. cholesterol (cho-les-te-rol) - A fat found in meat, oil, and eggs which the body uses as part of a cell membrane. Too much cholesterol in the blood blocks the arteries.
5. continental (con-tin-en-tal) breakfast (break-fast) - a light morning meal, two rolls and coffee
6. entrees (en-trays) - main dishes
7. appetizers (ap-pe-ti-zers) - a small amount of food served before the main dish to increase the appetite

ANSWERS FOR MENU ORGANIZATION - LEARNING CHECK #3

RENAL DIET DINNER

Please circle all selections

TUESDAY

MEAT SERVINGS (Select One)

LS Spaghetti/LS Meat Sauce

LS Herbed Turkey

BREAD SERVINGS (2)

LS Rice Pilaf Dinner Roll(1) Rye Brea(1) White Bread(1)

LS Crackers(6) Wheat Bread(1)

VEGETABLE SERVINGS (2)

LS Green Beans LS Sliced Carrots Romaine Lettuce

FAT SERVINGS (Unlimited)

LS Margarine LS Herb Margarine LS Dressing

FRUIT SERVINGS (1)

Sliced Pineapple Peach Half

MILK SERVINGS

2% Milk 1/2C Skim Milk 1/2C Whole Milk 1/2C

BEVERAGE & FREE ITEMS

Coffee 1/2C

Creamer

Tea 1/2C

Sugar 1-2

Cola 8 oz

Jelly

Gingerale 8 oz

Water Ice 1/2C

Sherbert

Hard Candy

LS Chicken Noodle Soup

BESIDES READING THE MENU,



YOU HAVE TO SET UP THE TRAYS
AND SERVE THE FOOD.

READ THE MENU.

DIP THE FOOD.

PUT ON TRAY.

CHECK MENU AND TRAY.

- 40 -



5 STEPS FOR FOLLOWING A PROCEDURE:

1. Define your goal.
2. Identify the steps you need to follow.
3. Name the items you need to finish the task.
4. Clear up any details that you don't understand.
5. Check how you did the job.

STEP 1: DEFINE YOUR GOAL.

Your GOAL is to put the right items for the meal on the tray.



329

- 42 -



330

STEP 2:

Identify the steps you need to follow.

Setting up Your Serving Station

Reading the Menu

Serving the Items

Checking the Tray

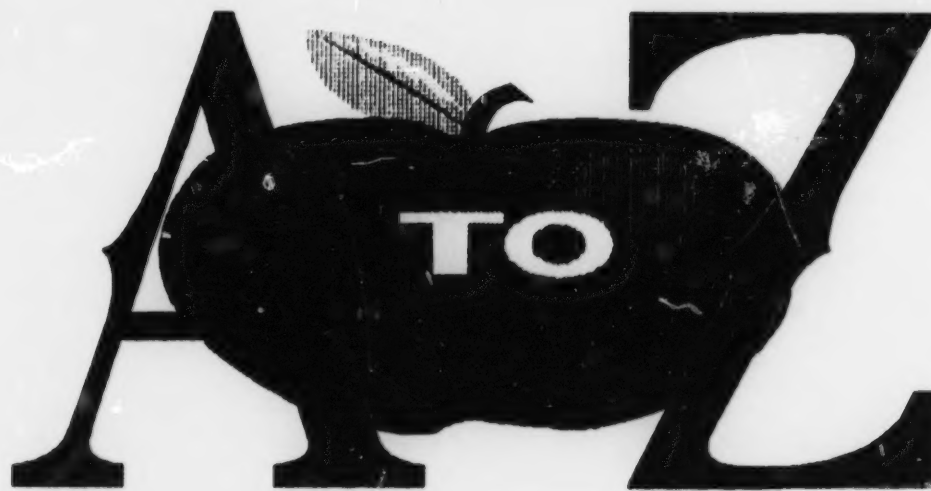
331

- 43 -



STEP 3:

Name the items you need to finish the task.



What Items? The items you need to set up your serving station.

STEP 4:

Clear up any details that you don't understand.



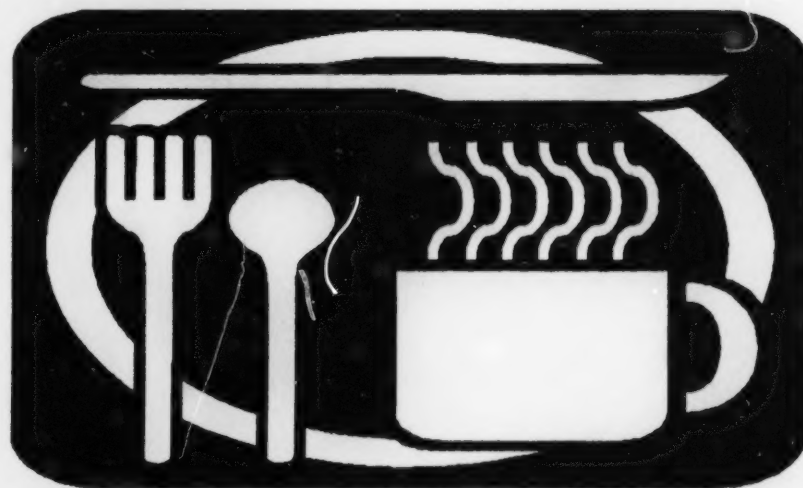
COMMUNICATE

Ask your supervisor or co-worker.

STEP 5:

Check how you did the job.

Take one last look at the menu and tray and make sure that the tray is right.



STOP



DO LEARNING CHECK # 4
BEFORE GOING TO THE NEXT PAGE

LEARNING CHECK # 4

1. Which answer is NOT part of the definition of a procedure?

- a. steps
- b. having all the things you need.
- c. doing steps in order
- d. way to do or make something

2. Match the Steps for doing a Procedure with setting up trays:

STEPS

Setting Up Trays

1. Define your goal.

_____A. One last look at the menu & tray.

2. Identify the steps you need to follow.

_____B. Set up serving station, read menu, serve items, check tray.

3. Name the items you need to finish the task.

_____C. Ask your supervisor.

4. Clear up any details that you don't understand.

_____D. Put the right items on the tray.

5. Check how you did the job.

_____E. Items you need to set up serving station.

ANSWERS FOR LEARNING CHECK # 4

1. b

2. Matching

1. D

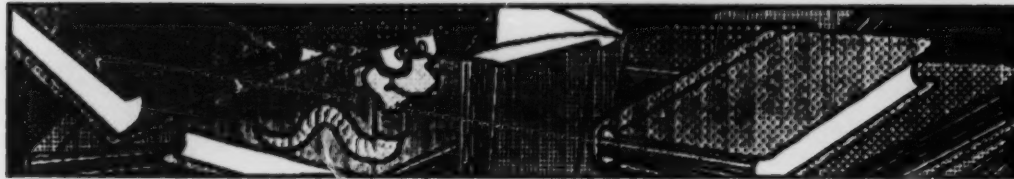
2. B

3. E

4. C

5. A

RESOURCES



Diet Manual - St. Agnes Hospital. Lorraine Ghorbanpoor, R.D., Barbara Lehman, R.D., Susan Ondrushek, R.D., Carolyn Walter, R.D., and Mary Wright, R.D., and the Nutritional Care Committee, 1992.

Contemporary's Reading Skills That Work, A Functional Approach for Life and Work, Book One. Susan Echaore-Yoon. Contemporary Books. Chicago, 1991.



THE END

copyright Elizabeth Mandlen and St. Agnes Hospital Food Service, 1993

PEER TUTORING PILOT PROJECT AT ST. AGNES HOSPITAL

BACKGROUND

Before the Maryland Hospital Skills Enhancement Program became a reality, St. Agnes Hospital had been working on the idea of a peer tutoring program to help employees who needed to improve their reading skills. When St. Agnes committed themselves to participate in the Maryland Hospital Skills Enhancement Program, they requested that the peer tutoring pilot be included in the grant. In October 1993 the site committee at St. Agnes hospital met with the grant administrators from Essex Community College to begin the Peer Tutoring Pilot.

RECRUITMENT OF STUDENTS

Six students, 4 women and 2 men, were peer tutored. Four were recruited through the assessment testing for the MHSE program and through the classes, and two were not. Two students were not able to attend class due to their work schedules and four were attending class, but needed extra help to achieve their learning goals. They requested the extra help on their own or were recommended by the instructor. Originally St. Agnes wanted to target only employees who lacked literacy skills to be peer tutored in reading. Unless these employees came forward themselves, there was no way to contact them personally to encourage them to commit to being tutored.

AREAS OF LEARNING

- * English As A Second Language with emphasis on spelling and writing
- * Math
- * GED
- * Following Directions
- * Preparation for the Nursing Assistant Exam

RECRUITMENT OF TUTORS

Seven employees, six women and one man, volunteered to be tutors. The site coordinator pulled the first two tutors from a list of St. Agnes employees who had attended Volunteers In Partnership training sponsored by the Baltimore County Public Schools Adult Education department. To recruit more tutors, the site coordinator advertised in the hospital newspaper. Of the seven peer tutors, two were medical secretaries, two were nurses, one was a biomedical engineer, one was the site coordinator herself--a personnel specialist in Human Resources, and one was an anesthesiology technician and operating room desk clerk with a background in elementary education. The site coordinator and the

Peer Tutoring Pilot Project At St. Agnes - 2

counselor matched the tutor with the student.

TUTOR TRAINING

The tutor training was informal. The counselor met with each tutor before their first session with the student and answered questions, shared suggestions and techniques for tutoring, and gave her or him materials and books. Sometimes during the first tutoring session and only with the permission of both the tutor and student, the counselor modeled a lesson or techniques to demonstrate how to structure and develop the lesson. Many of the tutors indicated on the survey, included at the end of this section, that more formal training would have been beneficial.

The possibility of bringing the coordinator of the Baltimore County Adult Education program, Volunteers in Partnership, to St. Agnes to give tutor training, if a minimum of twenty volunteers could be recruited, was discussed. Since twenty volunteers did not materialize, the idea was never pursued.

THE PROCESS

The counselor met with tutor and student for their first session at which time they set up beginning learning goals and procedures like signing the attendance roster, and selected the books to be studied. The tutor and student mutually chose the day and time for each meeting and found that after work usually was an optimum time, although the day and time could vary from week to week and could change in a moment's notice due to rotating shifts, vacation days or other reasons. This made it hard for the counselor to schedule visits especially toward the end of the grant in August, September, and October.

The counselor contacted the students and tutors by phone intermittently to track how things were going, to offer support, and to find out if they needed more books or materials. If tutors had a concern or question, the counselor gave them support or answers as needed and tried to provide professional articles to back up the answers. For instance, one tutor working with an ESL student expressed concern that too much time was spent on socialization and talking about personal needs rather than on the lesson she had prepared. In addition to supporting the tutor by explaining that she was doing exactly the right thing, the counselor sent her an article on *Assessing the Literacy Needs of Adult Learners of ESL* which said that "Learners, their characteristics, aspirations, backgrounds, and needs should be the center of literacy instruction."

The final visits in the Peer Tutoring Project consisted of the counselor questioning the students and tutors on whether they had reached some of their goals, about their overall satisfaction with

Peer Tutoring Pilot Project At St. Agnes - 3

the project, and if there were any other issues to be resolved. During this period the site coordinator distributed an evaluation form of the project to the tutors and one student while the counselor contacted the other students by phone or in person to ask them to evaluate the Peer Tutoring Pilot.

SUMMARY

Tutors and students felt that peer tutoring was a very worthwhile and enjoyable project. The general consensus of both groups was that what made it so worthwhile was the relationship that developed between them. One tutor said that she found it very worthwhile to become acquainted with and to develop an understanding for another hospital worker and his job at a different level of employment. Along this same line more than one student expressed the opinion that it was an advantage to be learning with someone who was already familiar with the work environment. Based on its success at St. Agnes, Peer Tutoring may be tried at the other hospitals in the future.

MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

PEER TUTORING PROGRAM AT ST. AGNES HOSPITAL

OCTOBER 1993 - OCTOBER 1994

Number of Peer Tutors Who Returned their Survey - 4
(One tutor no longer works at the hospital.)

PEER TUTORS: In your comments about the Peer Tutoring Program please mention your thoughts about the following areas:

training
materials
support for your efforts
scheduling sessions

1. What did you most enjoy about being a Peer Tutor?

The interaction with the student

I enjoyed being able to use my skills as a teacher to help someone learn. I felt that I had the training and that the materials provided were adequate. Also, knowing that others were available to assist and support was very nice.

Helping another person. Seeing them improve.

The close relationship I developed with my "student."

2. What did you least enjoy about being a Peer Tutor?

Sometimes was hard to fit into my busy schedule -- but that's to be expected.

Initial confusion regarding whom I was to teach.

The least enjoyable thing is trying to schedule sessions, work schedules conflict a lot.

I worry about disturbing people in the library during lessons.

3. What would you tell another employee, who was interested in becoming a tutor, about tutoring?

How rewarding it is and that their efforts can make such a difference in the life of an employee who would normally be "forgotten" about.

It is a fun thing to do; must prepare for lessons; the time commitment is manageable.

I would tell others that tutoring has its ups and downs as does anything; however, I found it worth the time and effort

MARYLAND HOSPITAL SKILL ENHANCEMENT PROGRAM

PEER TUTORING PROGRAM AT ST. AGNES HOSPITAL

OCTOBER 1993 - OCTOBER 1994

STUDENT SURVEY: Questions asked by counselor during peer tutoring session or by phone.

Number of Students Surveyed - 6

1. What did you like the most about being tutored?

Attitude of teacher
Explanation easy to understand
Good relationship, able to learn, confident

I like the opportunity to enhance my skills and learn how to use them wisely. (3)
It helps me to communicate better with others.

She taught me about how to get into math, so I learned quite a lot.

She helped me a lot especially with spelling, writing, and pronunciation.

2. What did you not like about being tutored?

None (3)

I liked it, but it's hard to talk about working and not being in front of the chores. I would like to move onward to something else.

Not enough times met - awkward with our schedules

I don't know.

3. What would you tell another employee, who was interested in being tutored, about the tutoring?

Go for it! (6)

Tutoring isn't all that bad. Go when you can get paid for it.

You can learn more.

If you want to learn, do something about it.

Peer Tutor Survey - 2

to help someone else.

The only thing you need is a genuine desire to help someone learn. There is no pressure to set a particular agenda.

4. What was good about the program?

That St. Agnes was fortunate to be the "pioneer" in this endeavor. The self-confidence that develops in an employee from their relationship with the tutor.

Educators were willing to help; students interested in learning.

The materials were provided and were good resources. It was nice to know you could always call someone if you had trouble, questions, problems (etc.)

I received support and assistance from the counselor. My student is very motivated to learn. My supervisor was very supportive of my efforts and provided me time to tutor. I have a large amount of materials available for my use.

5. What recommendations would you make to improve the program?

More guidance on appropriate activities to be done during tutoring sessions. Sometimes I felt like I was "making it up" as we went along. This is in no way a reflection on the counselor. She is very concerned and makes every effort to provide support to tutors. However, she certainly cannot adequately serve seven hospitals by herself. Hopefully, additional staff in the new grant period will provide better instruction to peer tutors and relieve the counselor of taking on such overwhelming responsibilities (but this seems to be the case with Federal grants!). Every hospital involved in the Maryland Hospital Skills Enhancement Program have similar activities as part of the new grant.

Session for tutors only where they are: given materials, materials are discussed, duties of tutors (e.g. filling out time sheets) etc. are discussed.

I cannot think of any recommendations to improve the program at this time.

Formal training might be a good idea. Longer class times would also help. One hour is a very short time to correct homework and start a new lesson.

I really appreciate the hospital giving me time to be a part of this rewarding program.

MARYLAND HOSPITAL SKILL ENHANCEMENT PROGRAM

APPLYING MATH STUDY SKILLS TO YOUR JOB

WORKSHOP / 1

ELIZABETH MANDLEN

SEMESTER II, FALL, 1993

OBJECTIVE: To show the relationship between the critical thinking skills needed to study math and the critical thinking skills needed to do the job.

GOALS: At the end of this workshop the participants will be able to:

- 1). Discuss three (3) characteristics of math.
- 2). List three (3) levels of processing math information.
- 3). Demonstrate four (4) learning strategies.
- 4). Discuss the application of math study skills to their jobs.

Heart Surgery's Invisible Man

By ROZ HAMLETT

That Vivien Thomas, a black man with neither a college nor a medical degree, could have worked as a research assistant at Hopkins Hospital during the 1940s was in itself something of a minor miracle. In that era of strict racial segregation, the only black men who worked at the hospital were pushing brooms and mops. Not only were there no black doctors at Hopkins, there were no black professionals of any kind.

The hospital wards and waiting rooms were designated "white" and "colored" — even the blood bank carefully separated blood donated by whites from blood donated by blacks. (Giving "colored blood" to white patients was strictly prohibited, even in emergencies, although occasionally were allowed to infusions of "white blood" if no suitable "colored blood" was available.)

In this almost feudal racial environment, Vivien Thomas taught white men everything from tying their first sutures to performing intricate open heart surgeries. It was he, along with his illustrious collaborator and employer, Alfred Blalock, who perfected the technique for the famous "blue baby" operation of 1944 that set the course of modern cardiac surgery.

"Vivien Thomas was a great man," says Levi Watkins, the first black surgical resident admitted to the Johns Hopkins Hospital staff, in 1971, and today an eminent surgeon. "Vivien Thomas was a man motivated by the possibilities of discovery." But Thomas lived in an age when black men, no matter how gifted, were invisible. So, outside the small fraternity of "old hands" at Hopkins, his name is practically unknown.

Thomas arrived at Hopkins in 1941, when he accompanied the legendary Alfred Blalock from Vanderbilt University in Tennessee as research assistant. The unlikely



Vivien Thomas

File Photo

some things I can't do," Thomas recalled Blalock saying.

Thomas, in fact, had once dreamed of becoming a physician himself. When he met Blalock, he had already worked for seven years as a carpenter in hopes of saving enough money to attend Meharry Medical College in Nashville. But the Depression destroyed the carpentry business and bank failures wiped out Thomas' savings.

Thomas heard from a friend there was opening in the lab at Vanderbilt, where the 30-year-old Blalock was already gaining recognition for his work in shock trauma theory, which laid the groundwork for blood transfusions.

man left without another word, and Thomas went back to work. Three days later he happened to see the same foreman again. The man's only comment was, "Thomas, you could have fixed that floor right the first time."

Such lessons served Thomas well in his capacity as Blalock's assistant. He quickly mastered every aspect of the lab's routine, excelling in anatomy and physiology and making himself indispensable as Blalock's right-hand man.

The two men worked well together, despite the fact that Blalock was notorious for his explosive temper, which could be set off by the slightest mistake — or sometimes for no reason at all. Inevitably the two men

me off, that I had not been I up to take or use that kind gauge. He apologized, saying lost his temper, and he asked go back to work.

"From that day on," Thomas, "neither one of us hesitated to tell the other straightforward, man to man what he thought or how. In retrospect, I think that I set the stage for what I could mutual respect through years."

[At Hopkins, Alfred Thomas' work eventually the development of blood transfusions as a standard procedure the technique saved the thousands of U.S. soldiers World War II. Even more, cant was their invention heart surgery. *Phys. post* Nov. 29, 1944 on a 15 month suffering from "blue syndrome," a congenital heart condition that prevents blood reaching the lungs. The film's success made Blalock libitly overnight.]

In the scores of medical articles and history books the breakthrough, Thomas was mentioned, if at all, on insignificant footnote. He was invited to lecture on his role developing the procedure, which still routinely used today.

Thomas remained the invisible man as far as medicine was concerned until 1971. Hopkins finally acknowledged contribution by commissioning Thomas' portrait, to be hung that of Blalock in the building been the white doctor's man.

Thomas probably never to win any special recognition his efforts. His widow, Christine still resides in Baltimore. Thomas didn't seem bitter at any way he was treated. "My never brought his problems she said recently. "He put plant azaleas and roses in den during his leisure."

Levi Watkins believes to Thomas' skin color was nothing his Hopkins colleague period could see beyond. "There were problems," Dr. A said recently. "He could, where they lived, he could the societies they joined. He to say they didn't love him don't think they ever really struggle."

Thomas died in 1985, a recently has his role as a 20th-century medicine more widely known. "Until ly, Vivien wasn't really re-

APPLYING MATH STUDY SKILLS TO YOUR JOB

- I. WHY DO WE FORGET HOW TO DO FRACTIONS?!
- (The Difference Between Math and Other Subjects)

II. PROCESSING MATH INFORMATION

1. Memory Matrix

Organize the following in a Memory Matrix: subtract, moving the decimal point, Decimals, add, divide, line up the decimal points, multiply

2. Note Study Cards

(FRONT)

#6

Problem: Finding the Average

Mary paid \$3.50 for lunch on Monday, \$4.71 for lunch on Tuesday, \$3.33 for lunch on Wednesday, and \$4.84 for lunch on Friday. What was the average amount Mary spent on lunch for the week?

Questions:

1. How do I begin to solve the problem?
2. Is the problem one or two steps?
3. What operation(s) must I choose?
4. What must I remember about decimals?
5. How can I check my answer?

(BACK)

Steps for Finding the Average

1. Add all the items to find the total:

\$3.50
\$4.71
\$3.33
\$4.84

\$16.38

2. Divide the total by the number of items.

Total number of items = 4

$\$16.38 / 4 = \$4.10$
4.095

4) 16.380
16
38
36
20
20
0

APPLYING MATH STUDY SKILLS TO YOUR JOB - 2

III. 3 LEVELS OF PROCESSING MATH INFORMATION

A. Rote

1. Memorize Facts
2. Use Formulas

B. Understanding

1. Understand class instruction
2. Able "to do" problems
3. Recognize sequential steps in math

C. ANALYSIS

1. Deeper level of understanding
2. Necessary for retention

IV. LEARNING STRATEGIES TO HELP YOU LEARN HOW TO ANALYZE

A. Verbalize - discuss or explain a problem in pairs or a small group.

B. Question

1. What process could be used if the answer were given and the given information had to be found?
2. What problems were similar and what ones were different? How?
3. Could this problem be reworded?
4. How could the directions be reworded?
5. What would happen if...?

C. Make the Connection

1. Summarize information presented that day.
2. Prioritize - choose 3 ideas presented in class.
3. Recall previously learned concepts. Show how NEW concepts incorporate OLD concepts.

APPLYING MATH STUDY SKILLS TO YOUR JOB - 3

NEW CONCEPT

OLD CONCEPT

Add and Subtract Decimals

Add and Subtract Dollars and Cents

D. Problem Solving

1. Read
2. Translate
3. Apply math procedures

V. TO AVOID DUMB MISTAKES - Check Your Work!

VI. MAKING THE CONNECTION BETWEEN MATH STUDY SKILLS AND DOING YOUR JOB

JOB SKILLS OR JOB TASKS

MATH STUDY SKILLS USED IN THE JOB

EXAMPLE

- | | |
|---|--|
| 1. Writing a memo | Asking questions - Can this be reworded? |
| 2. Recording temperatures on a patient's chart. | Using Memory Matrix Chart, following procedure sequence. |
-
-

JOB SKILLS OR JOB TASKS

MATH STUDY SKILLS USED IN THE JOB

1.

2.

3.

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2. **NOTE-TAKING MADE EASY.** Judi Kesselman-Turkel and Franklynn Peterson. Contemporary Books, Inc., Chicago, 1982.
3. **STUDYING MATHEMATICS.** Mary Catherine Hudspeth and Lewis R. Hirsch. Kendall/Hunt Publishing Company, Iowa, 1982.
4. **TEACHING MATHEMATICS.** Max A. Sobel and Evan M. Maletsky. Allyn and Bacon, Needham Heights, MA, 1991.

WORKSHOP EVALUATION

Workshop title: Applying Math Study Skills To Your Job

Date: _____ Class _____

Hospital _____

Circle Your Response:

- | | | | |
|----|--|---|---|
| 1. | Did this workshop achieve its objective and goals? | Y | N |
| 2. | Did you learn anything new in this workshop? | Y | N |
| 3. | Would you apply what you learned to your studies? | Y | N |
| 4. | Would you apply what you learned to your job? | Y | N |
| 5. | Were the teaching methods the instructor used appropriate for the topic? | Y | N |
| 6. | Was the instructor's presentation clear and easy to understand? | Y | N |
| 7. | Would you attend another workshop given by this instructor? | Y | N |

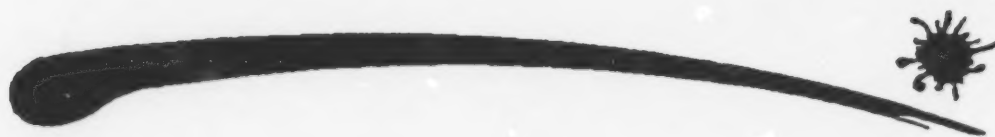
What did you like about the workshop? _____

What did you dislike about the workshop? _____

Please CHECK Topics for Future Workshops:

- _____ Note-Taking Skills
- _____ Test-Taking Skills
- _____ How To Keep Motivated
- _____ The Gentle Art of Verbal Self-Defense
- _____

THE MAGIC OF MOTIVATION



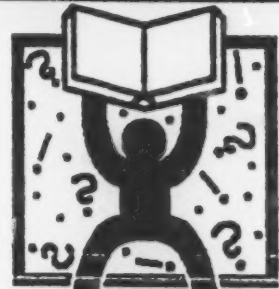
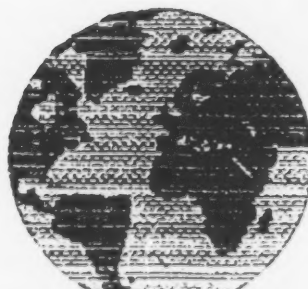
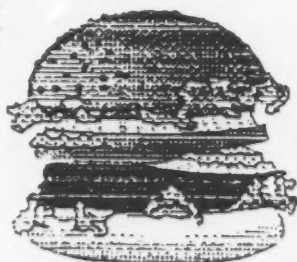
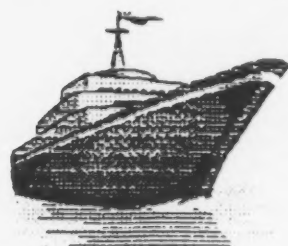
Elizabeth Mandlen, M.S.ED.
Hospital Skills Enhancement Program
Essex Community College

GOALS OF THIS WORKSHOP:

By the end of this workshop participants will be able to:

- * Define Motivation.
- * Explain 8 Thought Patterns.
- * Discuss 1 Technique For Changing Thought Patterns.
- * Play The Magic Of Motivation Game.

1. Ideas Which Motivate Us



Motivation Workshop - 2

A Definition of Motivation

3. 8 Thinking Patterns Which Rob Us Of Our Motivation

(Taken from "Start Fresh," 1173 50 St., Brooklyn, Ny 11219)

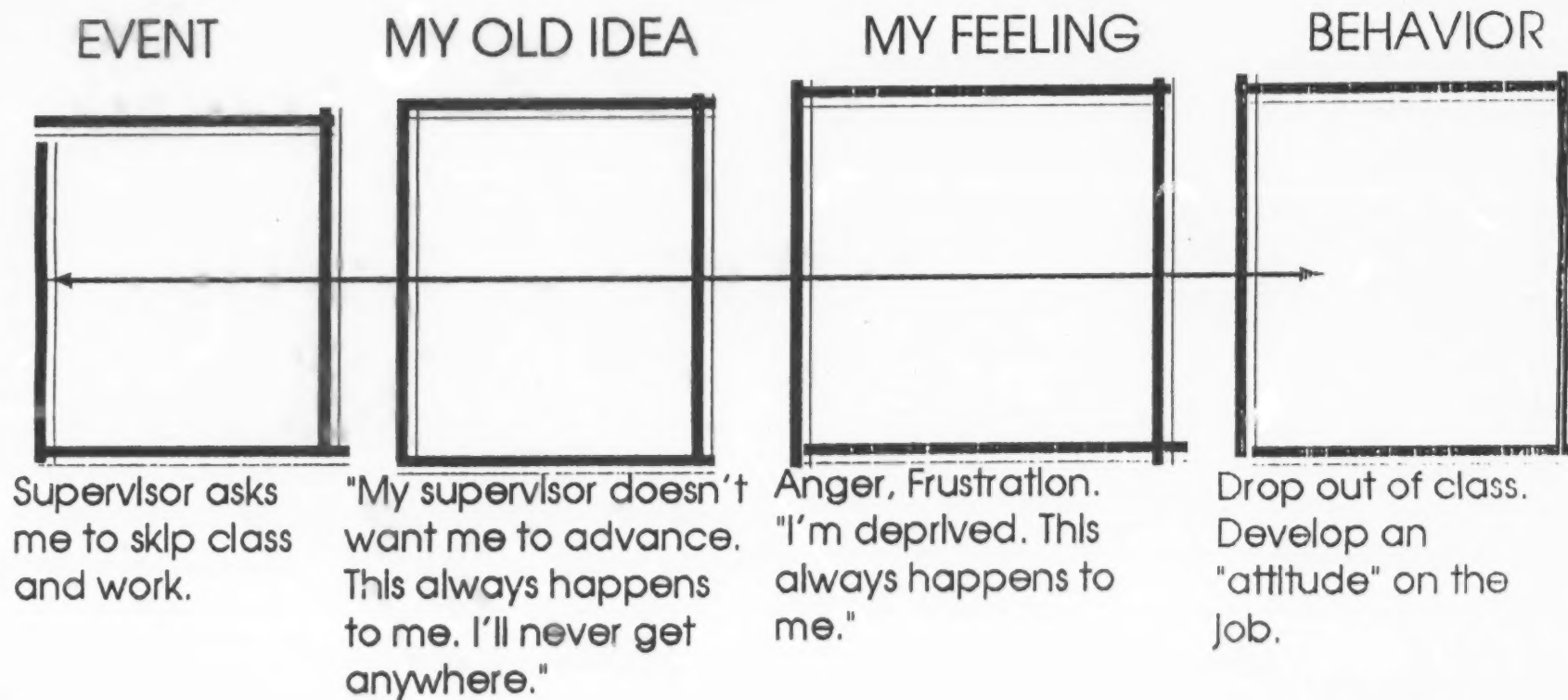
1. All or Nothing
2. "Today is ruined, but tomorrow I'll be perfect."
3. Over Generalizing - "I always..."
4. Catastrophizing - Before Event: "I know I'll never..."
After Event: "I knew I was never..."
5. Comparing ourselves to other people and to ourselves in the past
6. Unquestioning acceptance of critics
7. Fortune Telling - "I know I didn't...There's going to be..."
8. Emotional Reasoning -
Thinking Errors = Negative Emotions

Motivation Workshop - 3

4. 1 Technique For Changing Negative Thoughts

("Start Fresh," Weight Control Program, 1173 50 St., Brooklyn, NY 11219.)

NEGATIVE THOUGHT PATTERN

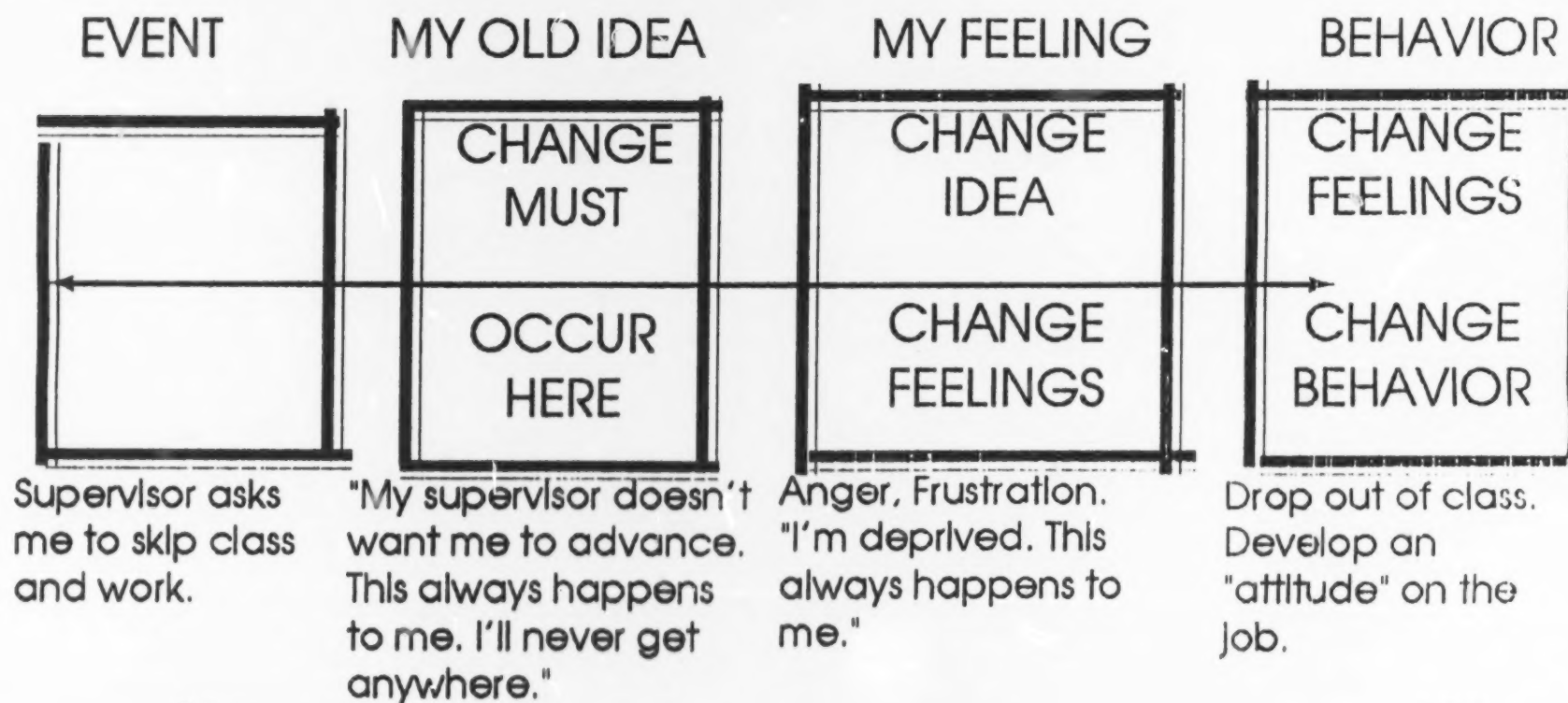


Motivation Workshop - 4

4. 1 Technique For Changing Negative Thoughts

("Start Fresh," Weight Control Program, 1173 50 St., Brooklyn, NY 11219.)

CHANGING TO A POSITIVE THOUGHT PATTERN

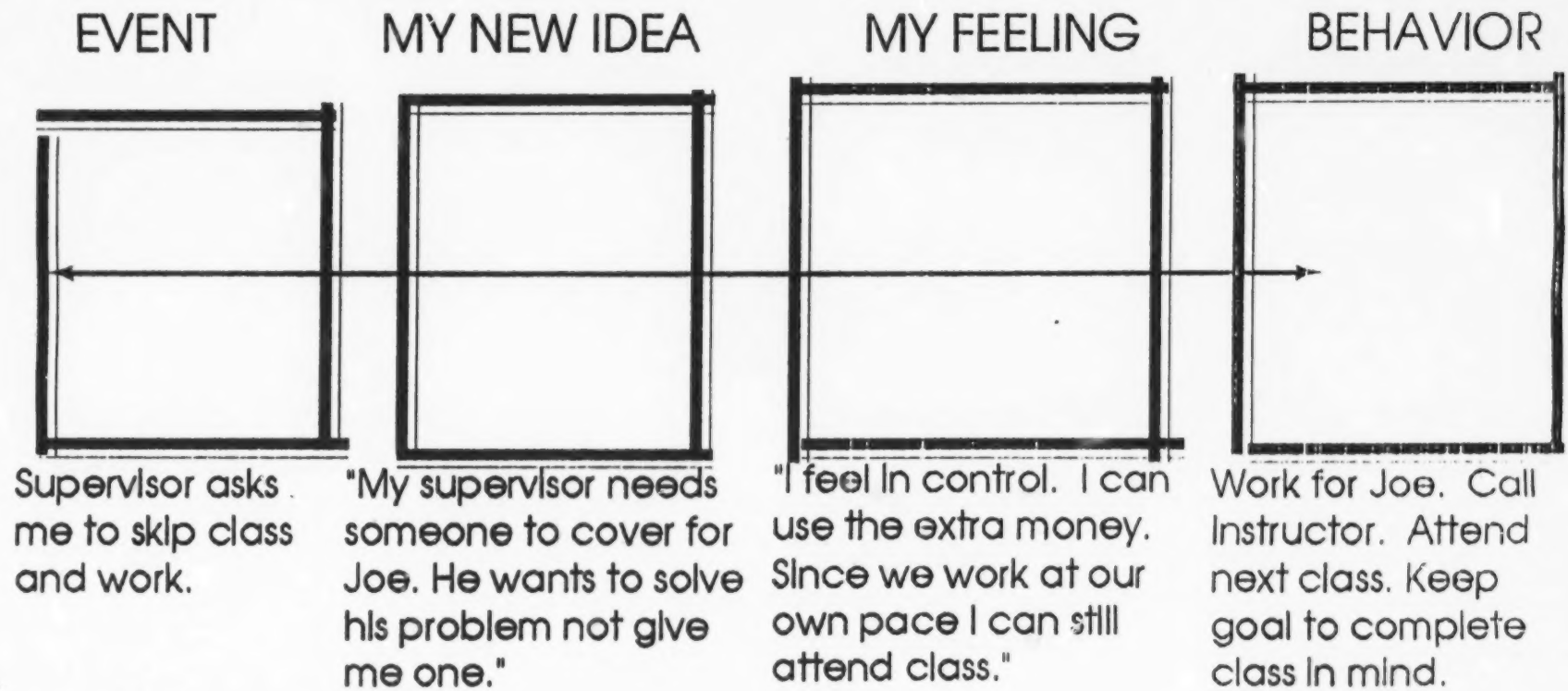


Motivation Workshop - 5

4. 1 Technique For Changing Negative Thoughts

("Start Fresh," Weight Control Program, 1173 50 St., Brooklyn, NY 11219.)

POSITIVE THOUGHT PATTERN



Motivation Workshop - 6

- Play the Magic of Motivation Game

6. SUMMARY

What did you learn from playing the Magic of Motivation Game?

- What does the following quotation mean to you?

"It is good to have an end to journey towards, but it is the journey that matters in the end." Ursula K. Le Guin

Motivation Workshop - 7

RESOURCES

Becoming A Master Student. David Ellis.

College Survival Incorporated, P.O. Box
8306, Rapid City, SD, 1991.

Dinosaur Brains - Dealing With All Those

Impossible People At Work. Albert J.

Bernstein, Ph.D. and Sydney Craft Rozen.

John Wiley & Sons. New York, 1989.

GED ITEMS. American Council on Education,
Washington, DC.

How To Win Friends & Influence People.

Dale Carnegie. Pocket Books. New York,
1981.

Success Through A Positive Mental Attitude.

Napoleon Hill and W. Clement Stone.

Prentice-Hall, Inc. Englewood Cliffs, New
Jersey, 1960.

WORKSHOP EVALUATION

Workshop Title: The Magic Of Motivation

Date: _____ Class _____

Hospital _____

Circle Your Response:

- | | | | |
|----|--|---|---|
| 1. | Did this workshop achieve its objective and goals? | Y | N |
| 2. | Did you learn anything new in this workshop? | Y | N |
| 3. | Would you apply what you learned to your studies? | Y | N |
| 4. | Would you apply what you learned to your job? | Y | N |
| 5. | Were the teaching methods the instructor used appropriate for the topic? | Y | N |
| 6. | Was the instructor's presentation clear and easy to understand? | Y | N |
| 7. | Would you attend another workshop given by this instructor? | Y | N |

What did you like about the workshop? _____

What did you dislike about the workshop? _____

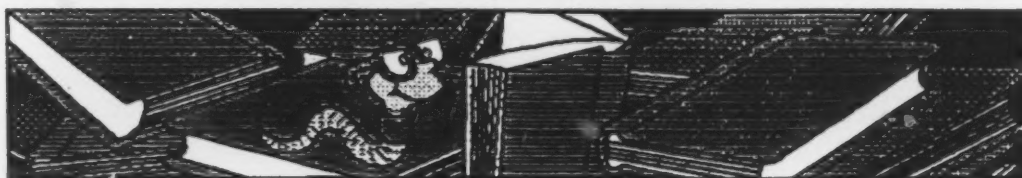
Please Check Topics For Future Workshops:

- _____ Note-Taking Skills
- _____ Test-Taking Skills
- _____ The Gentle Art of Verbal Self-Defense
- _____ Other _____

THE MARYLAND HOSPITAL
SKILLS ENHANCEMENT PROGRAM

SUCCESS THROUGH
NOTE-TAKING, STUDY, AND
TEST TAKING SKILLS
WORKSHOP

*Elizabeth Mandlen
Essex Community College
Semester IV, May-July 1994*



WORKSHOP GOALS:

*At the end the the workshop the participants will
be able to:*

- 1. Take notes according to the Memory Clue method.*
- 2. Organize 10 Memory Aid Tips in a chart.*
- 3. Use 6 Multiple Choice Hints and 4 True-False Hints to pass a test.*

- I. HOW TO ORGANIZE
YOUR NOTES:

5 SECTIONS:

1. MAIN IDEA

- 2. SUPPORTING IDEAS

3. EXAMPLES

4. VOCABULARY

- 5. CLUE WORDS

MEMORY CLUES

Memory clues are words that will help you find facts at a glance and study for exams. The clue words don't repeat information, but label or pinpoint what you'll need to remember. They're the kind of clues you would put on cheat sheets.

After you take notes from your reading or from what the instructor says in class, you sit down, go over your notes and write down the word or group of words which will help you to remember the important ideas in your notes.

Just like signs on the highway direct you to your destination, so clue words direct you to the information you want to remember. How many times have you seen signs saying, "HOSPITAL NEXT RIGHT," or "DETOUR AHEAD?" You did not need a long explanation to understand or remember what to do. Memory clues have the same function as highway signs. An example of a memory clue for the definition of memory clues given in the first paragraph might be, "LABEL INFORMATION," or "FACTS AT A GLANCE." There is NO ONE RIGHT WORD. ANY WORD THAT WORKS FOR YOU IS OKAY.

MAIN IDEA

Memory Clues / Memory Clues Help You To Study and Remember

CLUE WORDS

IDEAS TO SUPPORT THE MAIN IDEA

Def. label information	Words that help find facts Words that label information
When?	M C - added after notes taken
Any Word	Any word that helps remembering - okay.

EXAMPLES, OPINIONS AND EXPLANATIONS TO SUPPORT THE SUPPORTING IDEAS.

like cheat sheets
like highway signs -
example of memory clue for definition in first para.- "label info."

WORDS

DEFINITIONS

tactic	plan or strategy
function	use or purpose
memory clues	words that help find information you want
	to remember
destination	place you want to get to

MAIN IDEA

--

CLUE WORDS

IDEAS TO SUPPORT THE MAIN IDEA

EXAMPLES, OPINIONS AND EXPLANATIONS TO SUPPORT THE SUPPORTING IDEAS.

WORDS

DEFINITIONS

TIME PLANNING CHART
(Adapted from The NEW Teacher's Book of Lists, 181.)

STUDY AND READING SCHEDULE

	MON.	TUES.	WED.	THURS.	FRI.	SAT./SUN.
MORNING						
AFTER- NOON						
EARLY EVENING						
LATE EVENING						

DIRECTIONS: Plan your study time by filling in the squares on the days and times that you are going to do one or two of the following activities. Then, stick to your plan.

1. **STUDY:** Homework assignments, activity related to your classes, self-paced learning from workbook.
2. **READING:** Reading books, newspapers, and/or magazines primarily for your pleasure, or extra-interest materials for your classes.

READ in your groups

TIPS FOR HELPING YOU REMEMBER WHAT YOU HAVE STUDIED.

HIGHLIGHT the clue word or words in each tip from 1 - 10. (HINT: Don't highlight any form of the word study)!

ORGANIZE the tips 1 - 10 under the headings MEMORY AID, TIME AND PLACE and ORGANIZATION (Note-taking, summarizing, writing, consolidating). Write ONLY the clue word in the chart.

MEMORY AID	TIME AND PLACE	ORGANIZATION

TO STUDY MATH:

1. Carefully work the practice problems until you know them.
2. Close the book (do not look at the practice problems).
3. Work the problems.
4. Check to see if you worked the problems correctly.

III MULTIPLE CHOICE TEST HINTS (continued)

HINT # 5

Do not give up! First, work on the questions that have answers you quickly know. Then go back to the questions that have answers which gave you some trouble. Read them again carefully. Think things through. If you are still not sure, try Hint # 4.

HINT # 6

Change answers if you really feel you have made the wrong choice. Remember!

- * First finish the whole test
- * Then carefully reread questions you think you answered incorrectly
- * Change any wrong choices
- * Make sure you erase your first answer

TRUE - FALSE TESTS

HINT # 1

Read carefully. Read every word. The whole sentence needs to be either all true or all false.

True or False

To have an effective study schedule you have to study one hour every day.

HINT # 2

Look for words that change the meaning of the sentence. Such words are, "all", "only", "always", "because", and "none".

True or False

To pass a test you should study only the night before.

HINT # 3

Guess! You have a 50/50 chance of being right. Again, remember to check any answer you were unsure of after taking the test.

HINT # 4

Do not change your answers. In True - False tests, your first hunch is most often correct.

MAIN IDEA

--

CLUE WORDS

IDEAS TO SUPPORT THE MAIN IDEA

EXAMPLES, OPINIONS AND EXPLANATIONS TO SUPPORT THE SUPPORTING IDEAS.

WORDS

DEFINITIONS

WORKSHOP EVALUATION

Workshop title: **SUCCESS THROUGH NOTE-TAKING, STUDY AND TEST
TAKING SKILLS**

Date: _____ Class _____

Hospital _____

Circle Your Response:

- | | | | |
|----|--|---|---|
| 1. | Did this workshop achieve its objective and goals? | Y | N |
| 2. | Did you learn anything new in this workshop? | Y | N |
| 3. | Would you apply what you learned to your studies? | Y | N |
| 4. | Would you apply what you learned to your job? | Y | N |
| 5. | Were the teaching methods the instructor used appropriate for the topic? | Y | N |
| 6. | Was the instructor's presentation clear and easy to understand? | Y | N |
| 7. | Would you attend another workshop given by this instructor? | Y | N |

What did you like about the workshop? _____

What did you dislike about the workshop? _____

What other workshops would you like to have?

USING COMPUTERS IN THE WORKPLACE CLASSROOM

COMPUTERS

Six computers with printers were purchased for use in the classrooms. Two computers were given to each of three sites, and the other four sites were able to provide their own computers or had access to a computer lab. Coordinating the hospitals' computer labs proved problematic because of the hours of the lab, the added responsibility for the lab staff, and other employees needing to use the lab during class time. Having one or preferably two computers with printers in the classroom was optimal. The aim of using computers in the program was to enhance basic skills instruction and provide an alternative instructional resource.

USE OF COMPUTERS IN THE WORKPLACE CLASSROOM

Students used the computers for typing tutor and word processing to enhance/apply basic writing skills, additional practice in math, vocabulary, and spelling. They enjoyed working on the computers. Since classes were grouped heterogeneously, computers aided the instructors in individualized learning.

SOFTWARE

Davidson spelling, vocabulary, grammar, math, and algebra programs gave students a chance to reinforce skills learned during instruction time. These programs were easy to access, combined instruction and games, and were relatively inexpensive. (Although inquiries were made about other educational and workplace software, none was purchased.) Once students finished with the Davidson software, which they could do rather quickly, no additional educational software was available. The students at some sites had

access to Math in the Workplace and Reading in the Workplace and a vocational profile inventory. In addition to these workplace oriented programs some sites had Body Language which focused on medical terminology with beautiful color illustrations of all the human body systems.

Students used Word Perfect 5.1 to transcribe their journals, paragraphs, letters, resumes, and essays on the computer and print them. In order to do word processing students needed to become familiar with the keyboard. They were able to learn typing with a typing tutor program.

LOADING THE SOFTWARE

Personnel from the computer department at Essex Community College loaded the software and created a menu file from which to access the programs on the computers purchased by Essex for the grant. Management Information Systems at the hospitals which provided their own computers or a computer lab did the same for the computers at those sites. With additional software acquired after the initial loading, MIS departments added it to the menu or the counselor just loaded it on the hard drive.

Most of the time software was kept in the office, but the counselor kept a list of the software and its location when it was sent to a site for loading. A list of the software loaded on the computers at each site was given to the instructors.

TRAINING INSTRUCTORS TO USE THE COMPUTERS AND SOFTWARE

The range of the instructors' computer knowledge varied. Some instructors were highly skilled in using computers while others were inexperienced. Training was given informally based on need. The

counselor or coordinator would go to the class and show the instructor how to use the computer. The counselor also gave the instructors written directions for using the software. In some classes instructors could rely on knowledgeable students to help them and the other students. If they were in a computer lab, the lab staff helped.

While the informal training and the directions for using the software and computers were helpful, they were not sufficient enough for those instructors who had no computer background. Trying to train instructors during their class interfered with instruction and showing instructors how to use a computer once or twice was not enough. To remedy the insufficient preparation, the program should have devoted two staff development workshops for computer training.

SUMMARY

Students really enjoyed the opportunity to use computers and for some this was a major attraction to the program. Computers placed in the classroom or nearby were used more frequently than those located in a lab. Although they were a good supplement to instruction and workbooks and did allow in individualization, computers were neither intended as nor used as a replacement for good, clear instruction and the interpersonal relationship between instructor and student.

INSTRUCTOR: HILDEGARDE FRIEMAN
SITE: St. JOSEPH, SINAI, & LIBERTY MEDICAL CENTER
SUMMER: 1993

MARYLAND HOSPITAL SILL ENHANCEMENT PROGRAM

LESSON PLAN: "Math - Calculation Skills"

LEVELS: Reading Levels 5 - 8

POPULATION: Adults in the Workplace

PROBLEM:

Laundry workers do not know how to compute worksheet inventories, and Laundry Department production sheets.

OBJECTIVE:

The students will identify how to calculate a worksheet inventory using basic math skills of multiplication, addition and division.

MATERIALS:

Contemporary's Number Power I - Addition, Subtraction, Multiplication and Division

Contemporary's Number Power II - Multiplication of Decimals

MOTIVATION:

The laundry workers brought to class a worksheet inventory and laundry Department production sheet.

PROCEDURE:

1. A review of the basic skills of addition, multiplication and division will be given by working with 2 or 3 examples for each. Also multiplication of decimals will be reviewed.

2. A worksheet will be given with the following:

DATE			
ITEMS	FACTOR	QUANTITY ORDERED	MINUTES
GYN Sheet	3	6	1. _____
S. Gowns	1.84	190	2. _____
Drape Sheets	2	125	3. _____
Mayo Covers	1.08		
Towels	.25	700	4. _____
Wash cloths	.163	430	5. _____
Lap Sheets	6		
Dr. Shear	2		

Large Shear	1.08		
Prain Sheet	3		
Disc Sheet	3		
Proctor Sheet	1.08		
Major Pack	15.58		
ASU Pack	19.84		
Gown Pack	11.34	40	6. _____
ASU/Gown Pack	28.84	4	7. _____
<u>Heart Pack</u>	23.98	4	8. _____
Total Minutes			9. _____
Total Minutes Divided by 420 = # of Employees			
Needed			10. _____
Needed			

-
1. The student will multiply the factor by the quantity ordered to get the total minutes for each item 1-8.
 2. Then total all the total minutes for the number 2.
 3. The student will finally divide the total minutes (9) by 420, which will equal the number of employees needed. (10)

SUMMARY:

In order to compute laundry worksheet inventories and Laundry Department production sheets the students must be able to calculate the Basic Math whole number skills of addition, multiplication and division and also multiplication of decimals.

FOLLOW-UP:

Calculator skills will be used to speed up the computation skills of inventories and production sheets.

[HF006]

MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

LESSON PLAN: "U.S. IMMIGRATION POLICY IN THE HOSPITAL"

LEVEL: GED AND PROBLEM SOLVING

PROBLEM:

Hospital employees are among the first to come into contact with the many illegal and legal immigrants entering our country.

OBJECTIVE:

The students will be motivated to write about their personal problems and experience with recent immigrants.

MATERIALS:

Graphic organizers, newspaper clippings, article from U.S. News and World Report, "The Six-Step Problem Solving Process, by Sandy Pokras, video "Adjusting to Classmates From Different Cultures", (call 1-800-424-5627 for information).

MOTIVATION:

Many students were aware of the recent tragedy in New York when a tanker transporting illegal immigrants struck ground, causing over 300 Chinese men and women to jump ship. Eight people died despite rescue efforts.

PROCEDURE:

1. Day One: Have students write a paragraph in their journal about their experiences on the job with illegal and/or recent immigrants. Have students read their paragraphs to the class.

2. Day Two: Have students read recent newspaper and news magazines articles (enclosed) concerning problems with illegal immigration. Using a graphic organizer, compare today's immigrants with previous migrations of people to the U.S.

3. Day Three: Using a graphic organizer such as a web, students will identify a problem at work site related to immigrants they serve or staff their must deal with. Students will write an essay on a topic related to their problems.

4. Day Four: Students will be introduced to the "Six Step Problem-Solving Process", as designed by Sandy Pokras. Using this outline, essays will be re-examined and modified as needed.

5. Day Five: Show video "Adjusting to Classmates From Different Cultures." Students write down ten methods described in video for dealing with newcomers to our country.

SUMMARY:

Good writing comes as a result of really being interested in a topic. It is hoped that students will become more interested in their written assignments when these assignments are related to workplace experience.

FOLLOW-UP:

Not all students had experience, positive or otherwise with immigrants and/or illegal. However, as an off-shoot of this lesson, the students decided on their own that they would write about a problem of their own choosing.

[CW008]

MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

LESSON TITLE: "UNDERSTANDING YOUR STATEMENT OF EARNINGS"

LEVELS: Reading Levels 4 to 8

CLASS: "PROBLEM - SOLVING"

JOB CATEGORY:

1. Supervisor in Security
2. Clerk in Radiology
3. Cashier in the Cafeteria

OBJECTIVE:

The purpose of this lesson is to help the learner understand his pay check and what deductions are made.

PROCEDURE:

A sample paycheck with a list of questions about the paycheck are distributed. Prior to this, there is a review of converting fractions to decimals and fractions to percents. The class may work individually or as a group in answering the questions about the paycheck. For additional practice, other students may bring in paychecks and solve the word problem on job-earning.

MATERIALS:

1. Understanding your statement of earnings work sheet.
2. Word problems on job-earnings.

UNDERSTANDING YOUR STATEMENT OF EARNINGS:

1. What is the "take-home" pay?
2. What is the hourly rate?
3. What does "OTHER" represent?
4. Approximately how much (what percentage) is deducted for Social Security?
5. What do the initials FICA stand for?
6. How much was spent in the lobby shop?
7. How does shift deferential affect your salary if you work in the evening? In the daytime?
8. Approximately what percent is deducted for federal tax? For state tax?
9. What are "gross earnings"? What are total earnings?
10. How many sick days have been accrued? How many vacation days?
11. TRUE OR FALSE:
This pay check includes work done on June 24th.

WORD PROBLEM ON JOB-EARNINGS:

Mary has started a new job. She is to work forty hours a week. Her boss told her that if she works overtime she will be paid $1\frac{1}{2}$ times more. If she works evenings then she will be paid 15% more than her regular earnings of \$7.00 per hour. Every pay check she had deductions of 7.5% for Social Security and \$9.10 for the health care plan.

The first week, Mary worked 30 hours during the day and 10 hours during the evening. The second week, she worked 20 hours during the day and 30 hours during the evening. She receives a pay check weekly. What were the total amounts of each pay check before deductions? After deductions?

[JW001]

TOTAL EARNINGS		TOTAL DEDUCTIONS				EMPLOYEE IDENTIFICATION NUMBER	
REGULAR	OTHER PLN	FICA TAX	STATE TAX	FEDL TAX	LODY SHP	50-22	40-33/100
2800		184.04	184.04	1479	1113	507971	00000147
AMOUNT		CHECK DATE				CHECK NO	507971
HOURS		CHECK DATE				CHECK NO	507971
MINOS		CHECK DATE				CHECK NO	507971
YEAR TO DATE		CHECK DATE				CHECK NO	507971
NET PAY		CHECK DATE				CHECK NO	507971
3004		CHECK DATE				CHECK NO	507971
5774		CHECK DATE				CHECK NO	507971
060		CHECK DATE				CHECK NO	507971
300		CHECK DATE				CHECK NO	507971
24038		CHECK DATE				CHECK NO	507971
40062		CHECK DATE				CHECK NO	507971
38360		CHECK DATE				CHECK NO	507971
501439		CHECK DATE				CHECK NO	507971
U/F		CHECK DATE				CHECK NO	507971
AJC		CHECK DATE				CHECK NO	507971
SICK		CHECK DATE				CHECK NO	507971
VACA		CHECK DATE				CHECK NO	507971

MARYLAND HOSPITAL SKILL ENHANCEMENT PROGRAM

LESSON PLAN: "ORIENTATION"

LEVELS: Reading Levels 4 - 8

POPULATION: Adults in the Workplace

PROBLEM:

Many adults have been out of school for years. An orientation lesson can help adults to adjust to the learning environment once again.

OBJECTIVE:

By the end of the lesson you will be able to:

1. identify the reason for being in the class
2. complete registration forms
3. identify the use of the portfolio
4. complete "Absence Policy", Needs Assessment, and "Self-Esteem Inventory".
5. identify how the class is structured
6. select which book will be used for improving the skills needed.

(ICE BREAKER)

MOTIVATION:

I will tell students about my background and why I am here. A student will pick a person next to him/her to discuss what he/she wants to get out of this class.

PROCEDURE:

1. Registration forms will be passed out to the student to be filled out along with their proposal for being in class.
2. After talking to their neighbor, a discussion will be held to introduce the learners to each other and find out a little about the reasons for being in class.

3. A writing activity will then be placed on a file card. Each student will write the reasons for taking this course.

Example:

1. Improving your job performance
2. Applying for college
3. Improving a particular skill
4. Advancing in the allied health professions.

Transition: Exploring books and resources.

4. A selection of books will be placed at the front of the class for the students to keep. They will only be allowed to keep one. (The Absence Policy, Needs Assessment, and Self-Esteem Inventory will be completed as the students select the book that they will need.

5. The students will be informed that attendance is important, and that after 4 absences they will be counseled by a counselor.

6. The structure of the class will then be after each hour. A math activity will be taught the first hour and a Reading/Writing/Spelling skill will be taught the second hour. During each hour, the students will receive individualized, small group or whole class instruction on the job skills needed.

SUMMARY:

The Maryland Hospital Skills Enhancement Program (MHSEP) will provide on going instruction and career development opportunities for employees who want to improve job skills, seek advancement, or further their education. Essex Community College instructors will provide classes in communication, problem solving, math, reading, computer basics and other job related skills.

FOLLOW-UP (Activities):

Journal prompt: The most difficult things(s) for me to do or understand at work is _____.

Next week we will identify a math calculation skill that we will need on our present job or future job. Also, we will identify any difficulties that occurs using job related vocabulary.

[hf003]

MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

LESSON TITLE: "ORIENTATION"

LEVEL: READING LEVEL 9-12

CLASS IV: PROBLEM SOLVING

OBJECTIVE:

1. To introduce instructor as a means to motivate thinking.
2. To solve a brainteaser as a means to motivate thinking.
3. To complete necessary paperwork.
4. To discuss format and expectations of the class.
5. To order workbooks for individual skills.
6. To have an informal discussion of past learning experiences.
7. To complete a short writing activity.
8. To discuss workplace problems and barriers that may cause absences.

PROCEDURES:

1. An effective icebreaker is an autograph-seeking session. Learners will receive a prepared paper with various descriptions on it. For example, one of the items may be "Works in a pharmacy _____", and the person to which that applies signs her name. Learners and instructor will try to fill in as many autographs as possible in a 5 - 10 minute period.
2. The attached brain teaser will be put on the board and learners will be given a few minutes to solve it.
3. All necessary forms will be filled out, including Registration Forms, Needs Assessment, and Self-Esteem Inventory.
4. Format of the class time will be discussed: first half of the class for math or problem-solving, short break, second half for writing/communication. Also, once a week there will be journal-writing activities, and a spelling quiz on the most frequently misspelled words in the workplace. Attendance is important. Phone numbers of the Maryland Hospital Skills Enhancement Program is given. Functions of the portfolios will be discussed.

5. Workbooks will be displayed so that learners may each choose one, which the instructor will order.
6. An informal discussion takes place. Learners are asked to discuss their worst and best teachers. What most important qualities must good teachers possess?
7. Learners will complete a short writing activity based on the statement: "If I had three wishes, only three..." Allow several minutes to complete this activity, then collect. These will be handed back next class, with comments.
8. Discuss problems or barriers at work which may interfere with attendance.

FOLLOW-UP:

Next class we will take a math assessment quiz to see where specific work is needed. Also, workbooks will be reviewed to determine individual and small group placements.

BRAIN TEASER



PROBLEM:

You must connect all of the above 9 dots with only 4 straight lines.

SOLUTIONS:



Ask: What does this exercise tell you about your thinking skills?

SUGGESTIONS FOR ICEBREAKER
(Learners will seek the autographs of classmates).

1. Works in a pharmacy _____.
2. Likes to read _____.
3. Is nervous about attending class _____.
4. Works with numbers _____.
5. Has two or more children _____.

(The above should be adapted to the individuals in your class.)

[CW006]

MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

INSTRUCTOR: MIRIAM GLISTER
DATE: AUGUST, 1993
SITE: ST. AGNES HOSPITAL

LESSON PLAN: "MEASUREMENT OF A SOLID"
ACTIVITY: PRACTICE IN MEASURING A FOAM OBJECT
MATH LEVEL: 6 TO 8
CONTEXT: STUDENTS WILL MEASURE AND COMPUTE VOLUME OF FOAM OBJECTS
JOB CATEGORY: LAUNDRY, MAINTENANCE, & KITCHEN HELPER
ACTIVITY: TO FIND THE VOLUME OF A RECTANGULAR SOLID

OBJECTIVE: By the end of the class you will be able to accurately measure a given foam object and compute its volume.

MATERIALS: Foam squares and rectangles and rulers.

MOTIVATION: How many of you need to carefully measure an object's surface or volume at your workplace? Today you and your partner will have practice in measuring and computing the volume of a solid.

PROCEDURE:

1. Pass to various foam rectangles and rulers.
2. Each partner will measure length, width and height.
3. Using the formula $v = l \times w \times h$, students will compute the volume of the solid. (While this is a review for some, others will need to review the formula with the teacher.)
4. Have students self-grade/discuss results.

SUMMARY/WORKPLACE CONNECTION: When working with partners, you found that you did not always arrive at the same answer when measuring the given object. Why is it important in your particular job or site to stress accuracy?

FOLLOW-UP:

1. Next class working in small groups, compute the area of the classroom.

[MG001]

INSTRUCTOR: HILDEGARDE FRIEMAN
SITE: St. JOSEPH, SINAI, & LIBERTY MEDICAL CENTER
SUMMER: 1993

MARYLAND HOSPITAL SILL ENHANCEMENT PROGRAM

LESSON PLAN: "Math - Calculation Skills"

LEVELS: Reading Levels 5 - 8

POPULATION: Adults in the Workplace

PROBLEM:

Laundry workers do not know how to compute worksheet inventories, and Laundry Department production sheets.

OBJECTIVE:

The students will identify how to calculate a worksheet inventory using basic math skills of multiplication, addition and division.

MATERIALS:

Contemporary's Number Power I - Addition, Subtraction, Multiplication and Division

Contemporary's Number Power II - Multiplication of Decimals

MOTIVATION:

The laundry workers brought to class a worksheet inventory and laundry Department production sheet.

PROCEDURE:

1. A review of the basic skills of addition, multiplication and division will be given by working with 2 or 3 examples for each. Also multiplication of decimals will be reviewed.

2. A worksheet will be given with the following:

<u>DATE</u>			
<u>ITEMS</u>	<u>FACTOR</u>	<u>QUANTITY ORDERED</u>	<u>MINUTES</u>
GYN Sheet	3	6	1. _____
S. Gowns	1.84	190	2. _____
Drape Sheets	2	125	3. _____
Mayo Covers	1.08		
Towels	.25	700	4. _____
Wash cloths	.163	430	5. _____
Lap Sheets	6		
Dr. Shear	2		

Large Shear	1.08		
Brain Sheet	3		
Disc Sheet	3		
Proctor Sheet	1.08		
Major Pack	15.58		
ASU Pack	19.84		
Gown Pack	11.34	40	6. _____
ASU/Gown Pack	28.84	4	7. _____
<u>Heart Pack</u>	23.98	4	8. _____
Total Minutes			9. _____
Total Minutes Divided by 420 = # of Employees			
Needed			10. _____
Needed			

-
1. The student will multiply the factor by the quantity ordered to get the total minutes for each item 1-8.
 2. Then total all the total minutes for the number 9.
 3. The student will finally divide the total minutes (9) by 420, which will equal the number of employees needed. (10)

SUMMARY:

In order to compute laundry worksheet inventories and Laundry Department production sheets the students must be able to calculate the Basic Math whole number skills of addition, multiplication and division and also multiplication of decimals.

FOLLOW-UP:

Calculator skills will be used to speed up the computation skills of inventories and production sheets.

[HF006]

MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM"

LESSON TITLE: "MATH - CALCULATION SKILLS"

LEVELS: Reading Levels 5 to 8

PROBLEM: "CASHIERS IN THE CAFETERIA DO NOT KNOW HOW TO COMPUTE FOOD ITEMS PURCHASED IN THE CAFETERIA"

PROCEDURE:

1. A review of the basic skills of multiplication of decimals and fractions will be given by working with 2 or 3 examples of each.
2. A worksheet will be given with guidelines and the student will compute the individual purchases as well as the total daily profit based on the information provided. See "Cashier in the Cafeteria".

CASHIER IN THE CAFETERIA

TODAY'S MENU

Salad Bar - 15 cents per ounce
Slice Turkey - 75 cents per ounce
Soda - 75 cents
Mashed Potatoes - 1 cup - 50 cents
Coffee - 60 cents
Cake - \$1.00

No day old items may be exchanged or unwrapped foods.
Beverage tax - 2 cents per drink
Sales tax - 5% over \$1.00
Register contains \$170.00 at opening time.

QUESTIONS:

1. The first customer asks for the salad bar and a soda. The salad weigh one pound. What is the cost?
2. The second customer orders 2 cups of mashed potatoes, a slice of cake and a cup of coffee, and then shows the cashier a voucher of 95 cents. What is her final cost?
3. The third customer orders 3 sodas and a cup of coffee. How much is her cost?
4. The fourth customer buys 6 ounces of turkey, a half of cup of mashed potatoes, and 4 ounces from the salad bar. He then removes the cake from yesterday's menu and ask for a voucher. What is his final cost?
5. The first customer decides not to drink her soda and returns the unopened can. She insists on a refund.
6. The fourth customer can't eat all his turkey and would like a refund.
7. The last customer of the day orders a pound of turkey, 1/2 a pound from the salad bar, and a coke. What is his final cost?
8. What is the day's profit? What is the gross profit?

SUMMARY:

In order to compute items purchased in the cafeteria as well as the total daily profit, the student must have a working knowledge of multiplication of decimals and fractions as well as whole number skills of addition and subtraction.

MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

LESSON PLAN: MATH/READING GROUP ACTIVITY

LEVELS: Reading - 4th level, Math any level

POPULATION: Employees of Johns Hopkins Hospital

CLASS: I, II, III & IV

GOALS:

To use current information about the Johns Hopkins Federal Credit Union in both graph and written format.

To allow students to react to the surveys based on their own experiences.

MATERIALS:

Xerox copies of a credit union graph and a written commentary of members' responses.

PROCEDURES: MATH

INTRODUCTION:

Lead a discussion with students about their use of the credit union.

1. Pass out copies of the graph and explain the horizontal and vertical information on the graph.

2. Ask several questions to give students practice in locating information.

EVALUATION:

Ask each student to write one question about the information on the graph. Then give each student the opportunity to ask his/her question of another student for an oral response. (The students enjoyed this group interaction).

PROCEDURES: READING (COMPREHENSION/SUMMARIZING)

INTRODUCTION:

Show the students the original credit union newsletter. Ask them if they are members and if they read the newsletter. Discuss benefits of being a member.

1. Ask for a volunteer to read a paragraph, then ask for suggestions for one sentence to summarize the main idea. Write the composite sentence on the board. Repeat for each paragraph. Ask students to use these sentences to write a summary of the article.

2. One possible follow-up activity is to make a group graph using the categories given in the article.

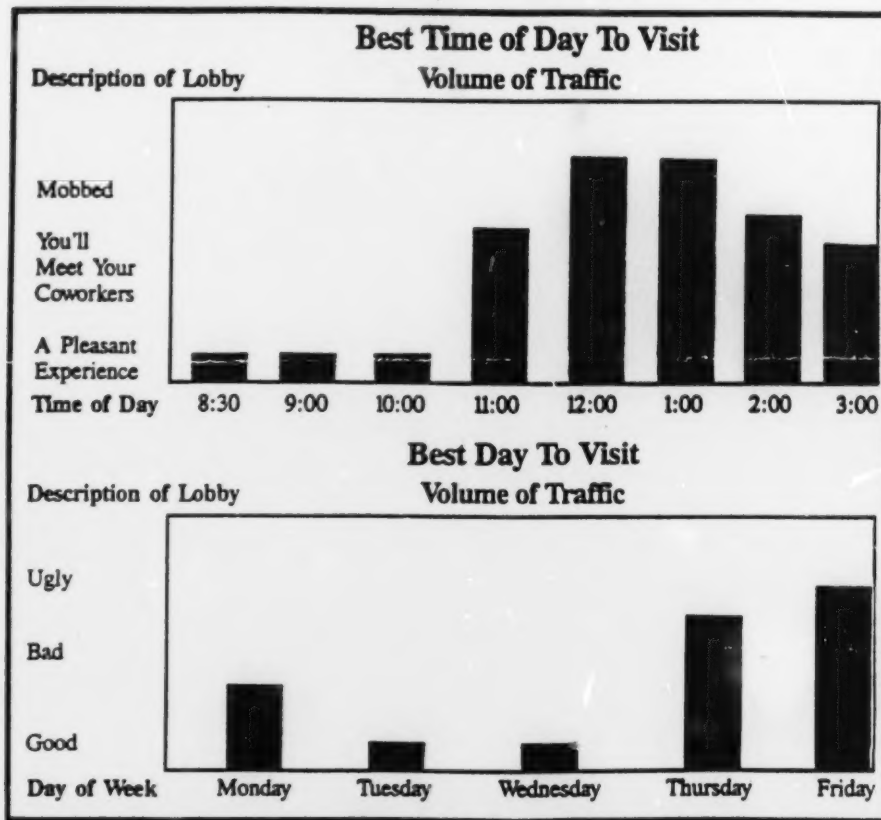
3. Another follow-up activity would be to encourage students to use the given phone number to register complaints and comments about the credit union.

[TP001]

Best Times To Visit The Credit Union

It pays to know when to visit one of JHFCU's branches so that you save time, and receive the best service. Pay Days are busy in both branches. The East Baltimore branch particularly has very high traffic every Thursday, when Hospital employees are paid.

The chart below depicts a humorous illustration of a serious issue and hopes it will help you better plan your trips to the Credit Union, or use more of our automated services so you save yourself a trip.



The Good, The Bad, and The Ugly Our Surveys Said It All

Many thanks to the approximately 1,000 members who took the time to answer our member survey earlier this year. Overall, the responses were quite positive (we published a few of the nice comments we received on the front), although we did receive sharp criticism in some areas.

We were very pleased to see that the vast majority of you were well aware of all the Credit Union's services. Also, most of you felt the Credit Union offered better loan and savings rates, and that it was easier to get a loan from the Credit Union. The Credit Union does survey area banks to see what rates they are offering, and in almost all cases, the Credit Union comes out ahead, so we were glad to see that members felt we offered better rates.

Perhaps the most rewarding answer on our survey was the number of members who would recommend the Credit Union to a family member or co-worker. An astounding 95.3% of you said you would recommend the Credit Union to someone else. We were happy to see that despite our problems, which you noted, many still had faith in the Credit Union and approved of the job we are doing.

You rated our branches high on Friendliness, Knowledgeability, and Professionalism, but low on Responsiveness and Availability (particularly East Baltimore). On a 4 point scale, Homewood earned a score of 3.34 in Overall Service while East Baltimore came in a bit lower at 2.94.

The most frequent complaints about Homewood were regarding lack of parking; we have talked to Homewood officials to see if some Credit Union spaces can be obtained.

Most of the complaints about East Baltimore's could be directly attributed to the branch's physical size and location—two factors that we are trying to improve but that we do not have direct control over. We are aware of the problem, as one member told us, "You have outgrown your East

Baltimore Location. It normally is very congested."

The comments such as that one on the survey have supported our efforts to obtain larger space in a more secure area, so we appreciate all the comments that were made. We are working with the Administration to try to improve the situation when possible. A larger branch will also allow us to increase our staff size so we can reduce the lines that many members noted. In the meantime, we will increase efforts to keep the office better staffed to help keep the lines moving. We also recommend that you try to avoid the lunch time lines if possible by visiting the branch in the mid-morning or mid-afternoon when it is quieter.

Regarding our automated services, we are happy to report that the Touch Tone Teller service is scheduled to be upgraded to accommodate more information about a greater variety of transactions. Also, we are very hopeful about expanding our ATM service to include deposits at other banks' ATMs—we currently are working with Internet, Inc., the company who operates the MOST network, to establish an interbank deposit program. We will also continually review our ATM withdrawal program to offer the most affordable and convenient program possible. We limit the cash withdrawals since the program is expensive to offer, but with the addition of unlimited, free Point of Sale transactions (at grocery stores, gas stations, etc.) the Credit Union's ATM program has become more beneficial. Also, you can request additional cash from most grocery stores if you use your ATM card to purchase something.

If you have any other comments or questions about the Credit Union, its services, and/or the service you receive, please call the Credit Union President's office at 955-6643. We will continually try to provide the best service possible so that, hopefully, all members will be making comments similar to those on the front page!

INSTRUCTOR: JUDY KANER

TITLE: "UNDERSTANDING GRAPHS IN THE WORKPLACE"

LEVELS: READING 2-8

JOB CATEGORY: SUPERVISOR IN SECURITY, CASHIER IN THE CAFETERIA, CLERK IN RADIOLOGY, WORKER IN MAINTENANCE, DRIVER IN THE DISTRIBUTION CENTER.

OBJECTIVE:

The purpose of this lesson is to apply graphs to workplace as well as understand their function in evaluating workplace activity.

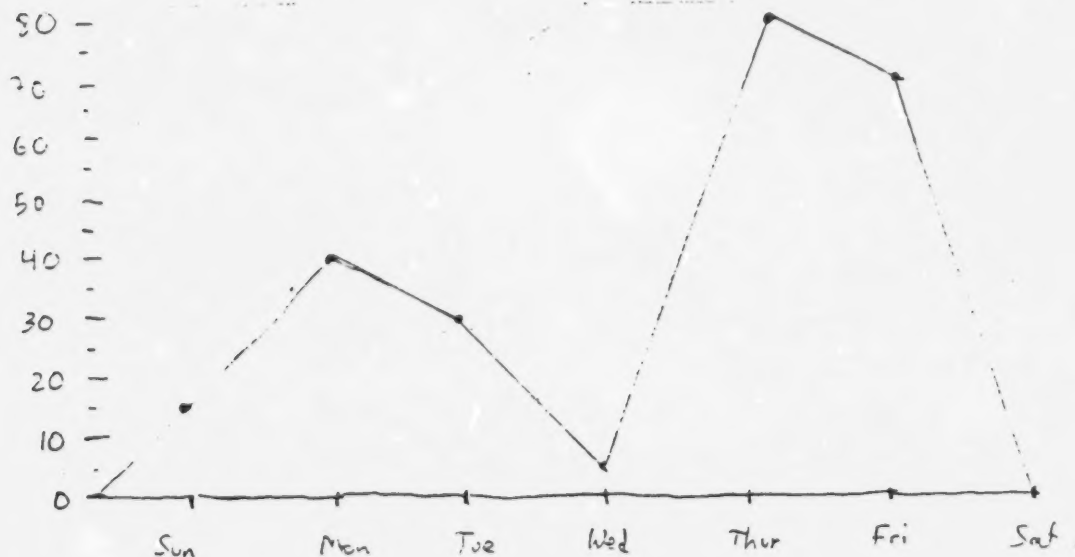
PROCEDURE:

A review of adding and subtracting fractions is done as well as determining the mean and average numbers in a group of numbers. Also a review of converting fractions to decimals is done.

EVALUATION/ASSESSMENT:

The learner is given a worksheet.

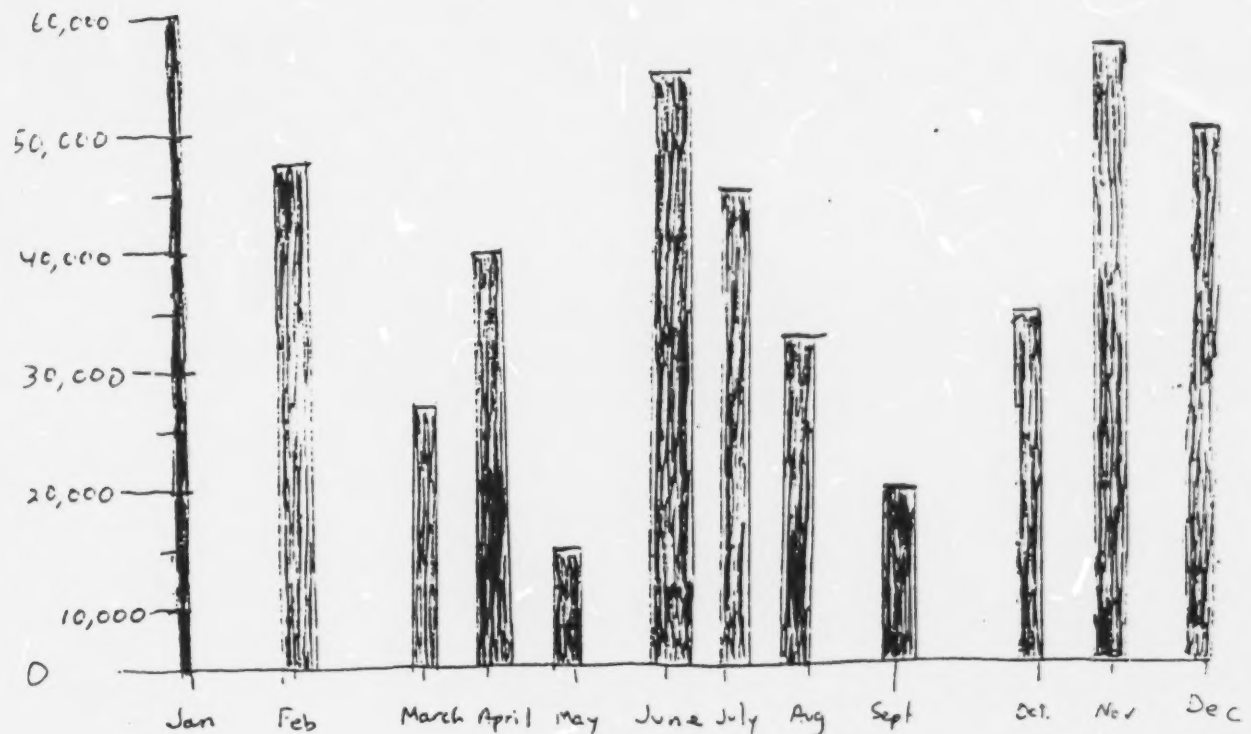
Daily Mileage Driven by Distribution Center of Smith Hospital for week of October 1-7



BEST COPY AVAILABLE

1. On which day did the Distribution Center drive the most miles?
2. The Distribution Center took a day off on _____.
3. Which day shows the greatest increase in mileage?
4. What is the average daily mileage? What is the median daily mileage?
5. Determine using percentage which day shows the greatest increase in mileage?
6. In which day did the center drive only 15 miles?
7. How would you explain the decrease in mileage from Thursday to Friday? What percentage was the decrease?

NUMBER OF PACKAGES RECEIVED (MONTHLY)



1. In which month were the most packages received?
2. In which month were the least packages received?
3. How many packages were received in February? In August? In March?
4. What was the average number of packages received for the year? What was the median number?
5. What month shows the biggest increase in package distribution?
6. What month shows the biggest drop in package distribution?

II. Design your own graph with the following information. Choose the graph which best illustrates the information.

Jane works as a cashier in the dining room. At the end of one week in July her totals were as follows:

Sunday - \$250.00
Monday - \$150.00
Tuesday - \$350.00

Wednesday - \$270.00
Thursday - \$188.00
Friday - \$195.00
Saturday - \$87.00

[jk004]

Title: Understanding Graphs in the Workplace
Levels: Reading Levels 2-8

Job Category: Supervisor in Security, Cashier in the Cafeteria,
Clerk in Radiology, worker in Maintenance, driver in
the Distribution Center,

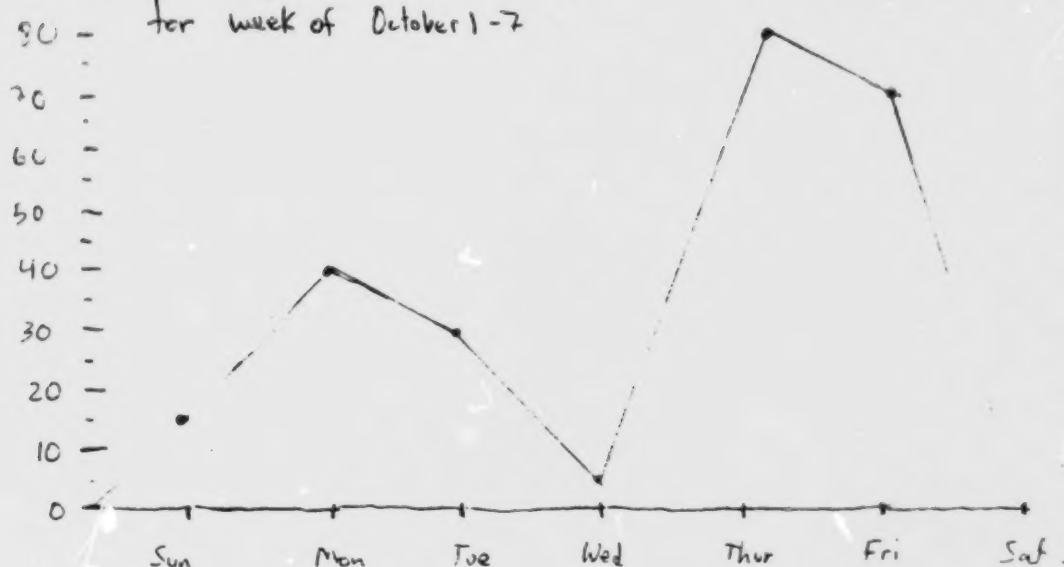
Objective: The purpose of this lesson is to apply graphs
to workplace as well as understand their function in
evaluating workplace activity

Procedure: A review of adding and subtracting fractions
is done as well as determining the mean and average
numbers in a group of numbers. Also, a review of
converting fractions to decimals is done.

Evaluation/Assessment: The learner is given a
worksheet.

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Daily Mileage Driven by Distribution Center of Smith Hospital
for week of October 1-7



1. On which day did the Distribution Center drive the most miles?
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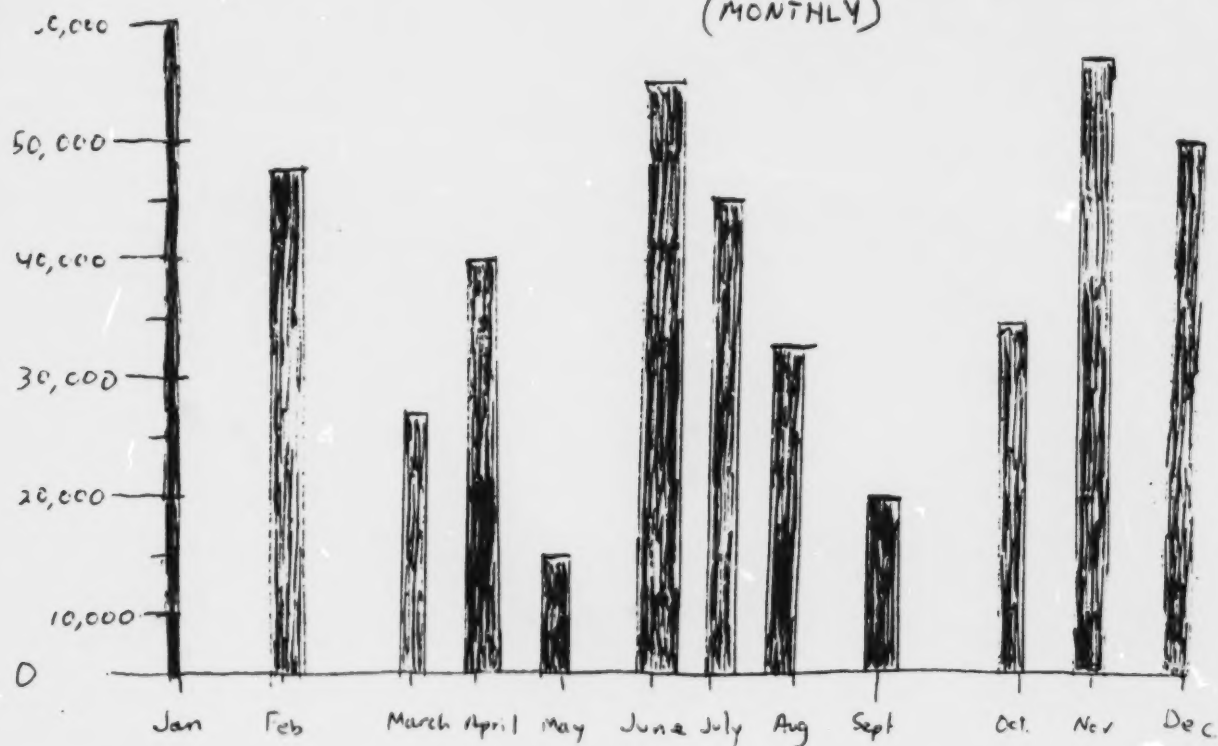
BEST COPY AVAILABLE

II. Design your own graph with the following information.
Choose the graph which best illustrates the information.

Jane works as a cashier in the dining room. At the end of one week in July her totals were as follows: Sunday - \$250.00, Monday - \$150.00, Tuesday \$200.00, Wednesday - \$270.00, Thursday - \$188.00, Friday - \$195.00, Saturday - \$87.00.

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NUMBER OF PACKAGES RECEIVED
(MONTHLY)



1. In which month were the most packages received?
2. In which month were the least packages received?
3. How many packages were received in February?
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MARYLAND HOSPITAL SKILL ENHANCEMENT PROGRAM

LESSON PLAN: "Abbreviations"

LEVELS: Reading Levels 4 - 8

POPULATION: Adults in the Workplace

PROBLEM:

Many hospital employees do not know the abbreviations of commonly used medical terms written on patient charts by the doctors.

OBJECTIVE:

The students will identify the abbreviations of medical terms used on patient charts.

MATERIALS:

File Cards
Medical Dictionaries
The Merck Manual

MOTIVATION:

One student brought to class 46 file cards of medical abbreviations on one side and the medical terms on the other side to share with the other students.

PROCEDURE:

Review and Introduction:

1. Tell students that after we have identified the different parts of words; such as prefixes, suffixes and root words, we can then seek an indepth meaning of medical terminology by using a medical dictionary which includes appendices that offer anatomic tables of various organ systems. Students and practitioners in all medical, nursing and allied health fields will find the dictionary a highly useful tool in their daily work.

2. The Merck Manual: Table of Contents list 24 Sections under which related chapters are grouped as follow:

<u>INF</u>	1. Infectious and Parasitic Diseases
<u>IMM</u>	2. Immunology; Allergic Disorders
<u>HEM</u>	3. Hematologic Disorders
<u>CVS</u>	4. Cardiovascular Disorders
<u>RES</u>	5. Respiratory Disorders
<u>GU</u>	6. Genitourinary Disorders

<u>GI</u>	7.	Gastrointestinal Disorders
<u>HEP</u>	8.	Hepatic and Biliary Disorders
<u>GYN</u>	9.	Gynecology and Obstetrics and Diseases of the Breast.
<u>PED</u>	10.	Child Care and Genetics
<u>ENT</u>	11.	Ear, Nose and Throat Disorders
<u>DEN</u>	12.	Dental and Oral Disorders
<u>EYE</u>	13.	Ophthalmic Disorders
<u>MET</u>	14.	Nutritional and Metabolic Disorders
<u>END</u>	15.	Endocrine Disorders
<u>MUS</u>	16.	Musculoskeletal and Connective Tissue Disorders
<u>NEU</u>	17.	Neurologic Disorders
<u>PSY</u>	18.	Psychiatric Disorders
<u>SKW</u>	19.	Dermatologic Disorders
<u>PHY</u>	20.	Physical Agent Disorders (Disorders caused by Physical Agents)
<u>VD</u>	21.	Venereal Disease
<u>MED</u>	22.	Selected Therapies
<u>POI</u>	23.	Poisoning
<u>REF</u>	24.	Procedures, Routines, Ready Reference Guides
<u>RX</u>	25.	Prescriptions.

These chapters can help students identify medical terms if a diagnosis is given in an abbreviated form. Also there is a list of 143 Abbreviations and Symbols:

ACTH	CO ₂	Gm
ADP	CSF	gu
APC	CU	h., hR
ATP	CUMM	h b, Hgb
BCG	CVA	HCl
b.i.d.	D&C	Hg
BMR	DNA	ht
BP	DTP	i.e.
BSA	D/W	IgA
BSP	ECG	i.M.
BUN	EEG	IN.
C.	e.g.	I.Q.
CF	ESR	I.U.
Ch.	F.	I.V.
CM	Fr.	IVP
CNS	FUD	K
CO	GFR	KgL
lb.	Paco ₂	Sp.;SPP
LDH	Pao ₂	Sp. gr.
LE	PAO ₂	sq
m.M.	PBI	sqm, sqM
mc	PPD	STS
MCH	ppm	subcut.
MCHC	psi	tbsp.
MCV	PSP	t.i.d.
mEq	pt	TP1
mg	PZ1	tsp
min.	q.	u

mI.u.	q.4h., etc.	URI
ml	q.i.d.	USP
MLD	g.s.ad	USPHS
mm	qt	VDRL
mM	q.v.	WBC
mo.	r	WHO
mOsm	RBC	WK
N.B.	RF	wt
NIH	RNA	yr
NPH	rpm	μ
NPN	Sa _{O2}	μ
N.R.C.	SBE	μ c
O ₂	Sec	μ q; meg
TO	SGOY	μ g
oz	SGPT	μ g
Pco ₂	SLE	μ g
Po ₂	soin	μ

3. Activities: The students will be given 10 - 15 minutes to identify the above abbreviations that they know on their own. Then they will be asked to pick a partner to compare answers for another 10 minutes. By the end of 20 minutes the students will identify the abbreviations which they could not identify on their own or with their peers.

SUMMARY:

A medical dictionary and the Merck Manual could be used to identify abbreviations used on the job (in the hospital). Each area of medicine has very specific and specialized abbreviations. (Some abbreviations are favored by only some physicians in some geographic areas).

FOLLOW-UP:

The students will bring to class abbreviations or medical terms that need to be abbreviated which were not discussed in class, but are found in their job.

ASSESSMENT:

One worker role plays a nurse/physician and record sentences containing medical terminology. (See sentences listed below).

Class holds an "Abbreviation Spelling Bee".

Sentence #1:

All employees need to take precautions against "Infectious and Parasitic Diseases" in order to avoid many "Hematologic", "Cardiovascular" and Respiratory Disorders".

Sentence #2:

A physician writes "Prescriptions" for "Gastrointestinal", "Hepatic and Biliary", "Nutritional and Metabolic", "Neurologic" and "Psychiatric Disorders".

Sentence #3:

"Selected Therapies" are used in cases of "Poisoning", "Venereal Disease", and "Endocrine Disorders".

[HF001]

MARYLAND HOSPITAL SKILL ENHANCEMENT PROGRAM

LESSON PLAN: "VOCABULARY"

LEVELS: Reading Levels 4 - 8

POPULATION: Adults in the Workplace

PROBLEM:

Some employees do not know the spelling, pronunciation, and meanings of medical terminology when asked to record impressions of patients by the doctors.

OBJECTIVE:

The students will identify the meanings of medical or general words.

MATERIALS:

1. "Basic Medical Terminology Concepts", by Marilyn White Wilson.
2. The Comprehensive Vocabulary Program, Vol. I, by Joseph P. Gutkoska.

MOTIVATION:

One student brought to class a medical terminology book to share with the class.

PROCEDURE:

1. A review of different parts of words will be given, (e.g., prefixes, suffixes and root words.
2. Ask the class the definition of prefixes. What it is and where is it found in words?

3. Location "prefixes" will be given with their meanings and example words:

<u>Prefix</u>	<u>Meaning</u>	<u>Example</u>
ad	near to	adrenal
ecto	on the outside	ectoderm
endo	within, inner, inside	endoderm
epi	upon	epidermis
ex	outside	excise
inter	between	intercostal
meso	middle	mesoderm
para	beside, near, beyond	paramedian
peri	around	periotic
retro	behind	retrosternal, retrolingual
sub	under	subcutaneous, subdermal
super	above	superego
supra	above	supralumbar

4. Activity (Worksheet): Words will be given for students to find or circle the definition.

SUMMARY:

You can sometimes find the definition of words by understanding what the prefix means.

FOLLOW-UP (Activities):

Next lesson will be given on prefixes that show time, negation and numbers (amount or comparison).

NOTE: Future lessons for Vocabulary or Word Study:

I. "Prefixes" that show colors, positions, and size. i.e., Chlorophyll ambidextrous microscope.

II. "Suffixes" that tell diagnostic and symptomatic terms. i.e., cide - kill- homicide

III. Roots: Ex. cardi, cardio-heart-endocarditis.

IV. Root Words/Stem - Identifying Internal Organs

A. Male - ilium - large pelvic bone

B. Female - ileum - part of the small intestine

(Also individualize activities could be given on "Synonyms" and "Antonyms") - for Word Comprehension.

ASSESSMENT:

Workers will bring examples of their writing to class in order to edit and improve their performance in recording impressions.

[hf002]

INSTRUCTOR: HILDEGARDE FRIEMAN

SUMMER: 1993

SITE: ST. JOSEPH, SINAI, & LIBERTY MEDICAL CENTER

PREFIX WORKSHEETS

DIRECTION: Match the words with prefix meaning.

COLOR WORDS

- | | |
|--------------|-----------------------------|
| ___ 1. white | a. <u>melanoma</u> |
| ___ 2. green | b. <u>cyanosis</u> |
| ___ 3. red | c. <u>leukocyte, albino</u> |
| ___ 4. blue | d. <u>erythrocyte</u> |
| ___ 5. black | e. <u>chlorophyll</u> |

SIZE WORDS

- | | |
|--------------------------------|--------------------------|
| 1. abnormally large or big | a. <u>microscope</u> |
| 2. thin | b. <u>megacolon</u> |
| 3. large (very, exceptionally) | c. <u>leptodermic</u> |
| 4. very or abnormally small | d. <u>macroencephaly</u> |

NUMBERS: AMOUNTS OR COMPARISON

- | | |
|-------------------------------|-------------------------|
| ___ 1. four | a. <u>tachycardia</u> |
| ___ 2. slow | b. <u>semiconscious</u> |
| ___ 3. half | c. <u>hypoglycemia</u> |
| ___ 4. fast | d. <u>hypertension</u> |
| ___ 5. too much, over, high | e. <u>bradycardia</u> |
| ___ 6. too little, under, low | f. <u>quadriplegia</u> |

INSTRUCTOR: HILDEGARDE FRIEMAN

SUMMER: 1993

SITE: ST. JOSEPH, SINAI & LIBERTY MED. CTR.

WORK SHEET

Prefix Completion Exercise

DIRECTION: Circle the correct prefix.

1. Behind the tongue is _____ lingual.
(retro, peri)
2. Before birth is _____ natal.
(pre, post)
3. After birth is _____ natal.
(pre, post)
4. Upon the skin is _____ dermic.
(epi, endo)
5. Within or into the veins is _____ venous.
(intra, inter)
6. Around the ear is _____ otic.
(peri, retro)
7. Under the skin is _____ dermal.
(super, sub)
8. Above the back is _____ lumbar.
(sub, supra)
9. The gland located near to or adjacent to the kidneys is the
_____ gland.
(ad, ex)
10. Removal of a foreign body or growth from the part, organ or tissue
is _____ cision.
(epi, ex)

[HF004]

MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

LESSON PLAN: VOCABULARY AND COMPREHENSION

POPULATION: DIETARY

CLASS II: LEVEL 5 - 8

GOALS:

Introduce vocabulary and concepts relevant to maintaining sanitary conditions in the workplace.

MOTIVATION:

Ask, "Is Johns Hopkins a sanitary environment for patients? Why? Why not?"

Ask employees how they are directly involved in maintaining sanitary conditions. List response on board.

MATERIALS:

Edited version of Baltimore Sun article on unsanitary conditions in restaurants.

PROCEDURES:

1. Hand out the newspaper article to each student.
2. Ask for a volunteer to read one paragraph at a time. After the paragraph is read, collect any words related to sanitation in each paragraph.
3. When reading is completed, ask students to add the vocabulary words to their vocabulary section.
4. Review the following vocabulary: infraction, microorganism, contaminated, sanitary, violation and salmonella.
5. Ask, "What are the two main reasons for infractions (previous vocabulary word) in sanitary practices. Lead students to recognize that most problems are the result of either ignorance or carelessness.
6. Relate sanitary regulations in restaurants to the hospital workplace.

FOLLOW-UP:

1. Ask students to define vocabulary words listed. The list should include at least the 6 words selected. Ask students to pick 4 words and write sentences using these words to describe sanitary conditions at Johns Hopkins Hospital in their work areas.
2. Ask students to be aware of infractions in sanitary procedures. Encourage students to report infractions to supervisors and suggest that they share observations with the class.
3. Using a dictionary have workers list 1 to 2 synonyms for the 6 vocabulary words.

[CW007]

MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

LESSON PLAN: READING/WRITING GROUP ACTIVITY

LEVELS: 4TH AND ABOVE

POPULATION: EMPLOYEES OF JOHNS HOPKINS HOSPITAL

CLASS: I, II, III & IV

GOALS:

To provide current/relevant information about the workplace using a full page advertisement/recognition for Johns Hopkins Hospital's award as "Best of the Best" in the nation for three consecutive years.

To use the advertisement for writing and reading activities which will be of interest to this group of employees.

MATERIALS:

Xerox copies of the headline and accompanying letter.

PROCEDURES: WRITING

INTRODUCTION:

Show the class the full page recognition of Johns Hospital employees and ask for responses:

Give each student a copy of the headline and ask for a written response using three guideline questions.

EVALUATION:

1. Collect written responses and evaluate by individual needs.

A. GED students - give feedback for essay development and for following direction.

B. Level II students - give positive comments to encourage continued writing. Make suggestions for clearer format.

C. Level I students - when written response is too short, too long or too hard to read, suggest that the student dictate his/her response.

FOLLOW-UP:

The instructor collected common spelling errors from individual responses and shared them with the class as group list. Words included work related words: Johns Hopkins, hospital, doctor.

PROCEDURES: READING

INTRODUCTION:

Show the recognition letter in its original form the newspaper. Then hand out the copies with questions for comprehension and grammar.

1. Ask students to work in pairs to find the answers to questions.
2. When everyone is finished, the instructor and students will share responses.

SUMMARY:

The lesson was developed as an awareness of the current award given to the hospital and its employees and to use the relevance as motivation for reading and writing activities.

[TP002]

THERE ARE SEVERAL
THOUSAND REASONS WHY
JOHNS HOPKINS HOSPITAL
WAS NAMED
"BEST OF THE BEST"
FOR THE THIRD YEAR
IN A ROW.

What is your reaction to this award?
How is your job important to JHH?
How are you important to JHH?



July 1993
U.S. News &
World Report

has recognized

The Johns Hopkins Hospital as the nation's best hospital for the third consecutive year. Such honors are the direct result of superb performance by thousands of dedicated employees who make up The Johns Hopkins Medical Institutions.

Each day we see countless individuals deliver on our pledge to make the quality of our patient services match the quality of our science.

The physicians from the School of Medicine, the nurses, the staff and all those who carry out their responsibilities behind the scenes not only honor Hopkins' illustrious past, they maintain its brilliant present. And they undertake the research that will lead to new treatments or cures.

This extraordinary collection of people deserves the gratitude of the community and the nation.

1. What is the name of the magazine that gave Johns Hopkins Hospital this honor?

2. For how many years has Hopkins received this award?

3. What does the word consecutive mean?

4. What is Hopkins' pledge?

5. Are illustrious and brilliant synonyms?

6. Find two possessive nouns. Are they singular or plural?

^{bonus} 7. Why is the underlined phrase grammatically correct?

430

429

[illegible]

WORD PROBLEM ON JOB-EARNINGS:

Mary has started a new job. She is to work forty hours a week. Her boss told her that if she works overtime she will be paid $1\frac{1}{2}$ times more. If she works evenings then she will be paid 15% more than her regular earnings of \$7.00 per hour. Every pay check she had deductions of 7.5% for Social Security and \$9.10 for the health care plan.

The first week, Mary worked 30 hours during the day and 10 hours during the evening. The second week, she worked 20 hours during the day and 30 hours during the evening. She receives a pay check weekly. What were the total amounts of each pay check before deductions? After deductions?

[JK001]

MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

LESSON TITLE: "UNDERSTANDING YOUR STATEMENT OF EARNINGS"

LEVELS: Reading Levels 4 to 8

CLASS: "PROBLEM - SOLVING"

JOB CATEGORY:

1. Supervisor in Security
2. Clerk in Radiology
3. Cashier in the Cafeteria

OBJECTIVE:

The purpose of this lesson is to help the learner understand his pay check and what deductions are made.

PROCEDURE:

A sample paycheck with a list of questions about the paycheck are distributed. Prior to this, there is a review of converting fractions to decimals and fractions to percents. The class may work individually or as a group in answering the questions about the paycheck. For additional practice, other students may bring in paychecks and solve the word problem on job-earning.

MATERIALS:

1. Understanding your statement of earnings work sheet.
2. Word problems on job-earnings.

UNDERSTANDING YOUR STATEMENT OF EARNINGS:

1. What is the "take-home" pay?
2. What is the hourly rate?
3. What does "OTHER" represent?
4. Approximately how much (what percentage) is deducted for Social Security?
5. What do the initials FICA stand for?
6. How much was spent in the lobby shop?
7. How does shift differential affect your salary if you work in the evening? In the daytime?
8. Approximately what percent is deducted for federal tax? For state tax?
9. What are "gross earnings"? What are total earnings?
10. How many sick days have been accrued? How many vacation days?
11. TRUE OR FALSE:
This pay check includes work done on June 24th.

INSTRUCTOR: MEREDITH POWELL

LESSON TITLE: "UNDERSTANDING TUITION REIMBURSEMENT IN EMPLOYEE HANDBOOK"
READING LEVEL: 5 - 8
CLASS: II
JOB CATEGORY: DENTAL ASSISTANT, PATIENT ESCORT, FILE CLERK, HOUSEKEEPING,
SECRETARY

OBJECTIVES:

1. Students will be able to interpret "Tuition Reimbursement" in Employee Handbook.
2. Students will learn how to use context clues when dealing with unfamiliar words.
3. Students will increase vocabulary for reading comprehension.

MATERIALS:

1. Employee Handbook, "Employee Categories" pp. 7 & 8; "Tuition Reimbursement", page 30.
2. Study Guide Questions: "Tuition Reimbursement" (worksheet).
3. Vocabulary List: "Tuition Reimbursement" (worksheet).
4. Follow-up Activity: Real Life Application "Tuition Reimbursement" (worksheet).

PROCEDURES:

1. Distribute Employee Handbooks.
2. Distribute Vocabulary List and have students discuss the words they will encounter in their reading to see if they can give their own definitions. Next have them read through the section about tuition, silently.
3. Have them carefully read the sentences that come before or after the unfamiliar word and look at the other words or terms which surround it, taking another try at understanding it. Help them to do this by calling on volunteers.
4. Next, have them read pages 7 & 8 to determine what the hospital designates as a full time or part time employee.
5. Hand out "Study Guide Questions" and have class reread the selection to answer the questions in writing.
6. Distribute the follow-up activity: "Tuition Reimbursement", "Real Life Application" (worksheet). Have students apply what they have learned to problems presented. Discuss their written answers.
7. For enrichment, have two students play act about courses they might take to further their careers in the hospital. One student will play advisor and one student will play the employee who is speculating about his possible courses, and how he will be reimbursed.

INSTRUCTOR: MEREDITH POWELL

VOCABULARY LIST: "TUITION REIMBURSEMENT"

Directions: Look at the following words within the context of the sentence or paragraph, and try to determine their meanings using the steps for context clues.

1. Read the information.
2. Carefully read the sentences that come before or after the unfamiliar word.
3. Look at the other terms which surround the unfamiliar word.

Words:

1. tuition
2. semester
3. reimbursement
4. prorated
5. defraying
6. attainment
7. curriculum
8. externally

Fill in the Blanks: Employee Classification

Full-Time: One who works _____ hours per pay period, _____ and _____.

Part-Time: One who works less than _____ hours per _____.

INSTRUCTOR: MEREDITH POWELL

STUDY GUIDE QUESTIONS: "TUITION REIMBURSEMENT"

Directions: Answer the following questions in complete sentences.

1. How many hours per pay period must employees work after completion of their Introductory Period before they can receive educational assistance benefits?
2. How much will Mercy reimburse full-time employees for the tuition cost?
3. Are part-time employees eligible for the same tuition assistance?
4. Reimbursement, upon successful completion of the course(s) is limited to how many courses per semester?
5. What, precisely, is considered "successful completion" of course(s)?
6. Must the course and/or curriculum be hospital related?
7. Who determines if the course and/or curriculum is hospital related?

INSTRUCTOR: MEREDITH POWELL

"TUITION REIMBURSEMENT": REAL LIFE APPLICATION

Directions: Solve the following problems which are based on the cost of \$50.00 per credit hours.

- A. Steven wants to take college level courses in order to become a laboratory technician. He has planned to take English 101, since that course is required in any curriculum and is really necessary to be able to write essays, reports and term papers in college. He also wants to take a course in the Laboratory Technician program, and an art course for personal enjoyment.

He is scheduled to work 72 hours per pay period. Will the hospital reimburse him the full cost of his tuition? Has he selected his courses wisely? To whom would he speak to about this?

- B. Estelle is discussing her plans to attend college with her friend Innes, and is certain she wants to become a nurse. At present, she is working 32 hours per pay period. She plans to take two courses in September. How much will the college reimburse her if she fails one of the courses? She is concerned, because chemistry 101 is one of the required courses in her curriculum, and is one of the courses she plans to take in September. She had a tough time in high school chemistry and fears taking it. Should she take two courses? How much will the hospital reimburse her for both courses? Each course is worth 3 credits. What if she fails one of the two courses. How much will the hospital reimburse her then?

[MP001]

MARYLAND HOSPITALS' SKILLS ENHANCEMENT PROGRAM

LESSON PLAN: Developing Writing Skills

LEVELS: 4th+

POPULATION: Employees of Johns Hopkins Hospital

CLASS: II, III, IV

GOALS: To develop writing skills including both sentence structure and essay writing using a theme relevant to the employees.

MOTIVATION: Use a "contest" initiated by the Baltimore Sun on August 19, 1993. The Sun has requested readers to write essays on the topic, "The Effects of a Changing Workplace".

MATERIALS: Copies of the Baltimore Sun article (attached)

PROCEDURES: 1. Hand out the "contest" request.
2. Brainstorm as a group and list on the board how Johns Hopkins has changed as a workplace.
3. Ask how their individual jobs have changed since they began employment.
4. Ask each student to respond in writing to the topic question using the following guidelines:
 Introduction: Identify your place of employment, kind of job and years there.
 Body: How has your job changed?
 How do you feel about these changes?
 Conclusion: What are you going to do about these changes?

FOLLOW UP: Although this is a class assignment, the decision to send the essays to the Baltimore Sun will be voluntary. The instructor will encourage students to mail in essays individually or in a class envelope.

INSTRUCTOR:

Therese Parr

DATE:

Aug. 19, 1993



AUBREY BOONE/SUN FILES

Tell us about the effects of a changing workplace

Change. It's the way of the world — and our work lives — in the '90s. Whether that means learning a new skill, adjusting to a downsized regime or rejoicing over the Family Leave Act, Americans today find themselves in an ever-evolving workplace.

What's been the biggest change in your job? And how do you feel about it?

With Labor Day right around the corner, we'd like to know. Tell us in 250 words or less how you're deal-

ing with adjustments at work.

The essays can be humorous, poignant, somber — whatever fits the life you lead from 9 to 5 (or whatever your workday). Perhaps your assignment is looking for work these days. We'd like to hear about that, too.

Entries must be received by Aug. 30. Excerpts from the best will be published on Sept. 6.

Send essays to Mary Corey, The Baltimore Sun, 501 N. Calvert St., Baltimore 21278.

BEST COPY AVAILABLE

LESSON: "INTRODUCTION TO COMPUTERS"

OBJECTIVES:

- 1) To become acquainted with the physical parts of the computer.
- 2) To become acquainted with the computer enough to use it for review of individual topics.

PROCEDURES:

- 1) Transition activity

Circle the word that does not fit with the concepts of the other words. State why.

boots, umbrella, bracelet, raincoat

cream, grill, sauce, gravy

potato, pea, bean, banana

gorgeous, elegant, sincere, exquisite

- 2) Introduction to lesson:

The last examples show that the different words can be used to describe someone or something. We will be using the computer from now until the end of December on Thursday, we need to all speak the same language.

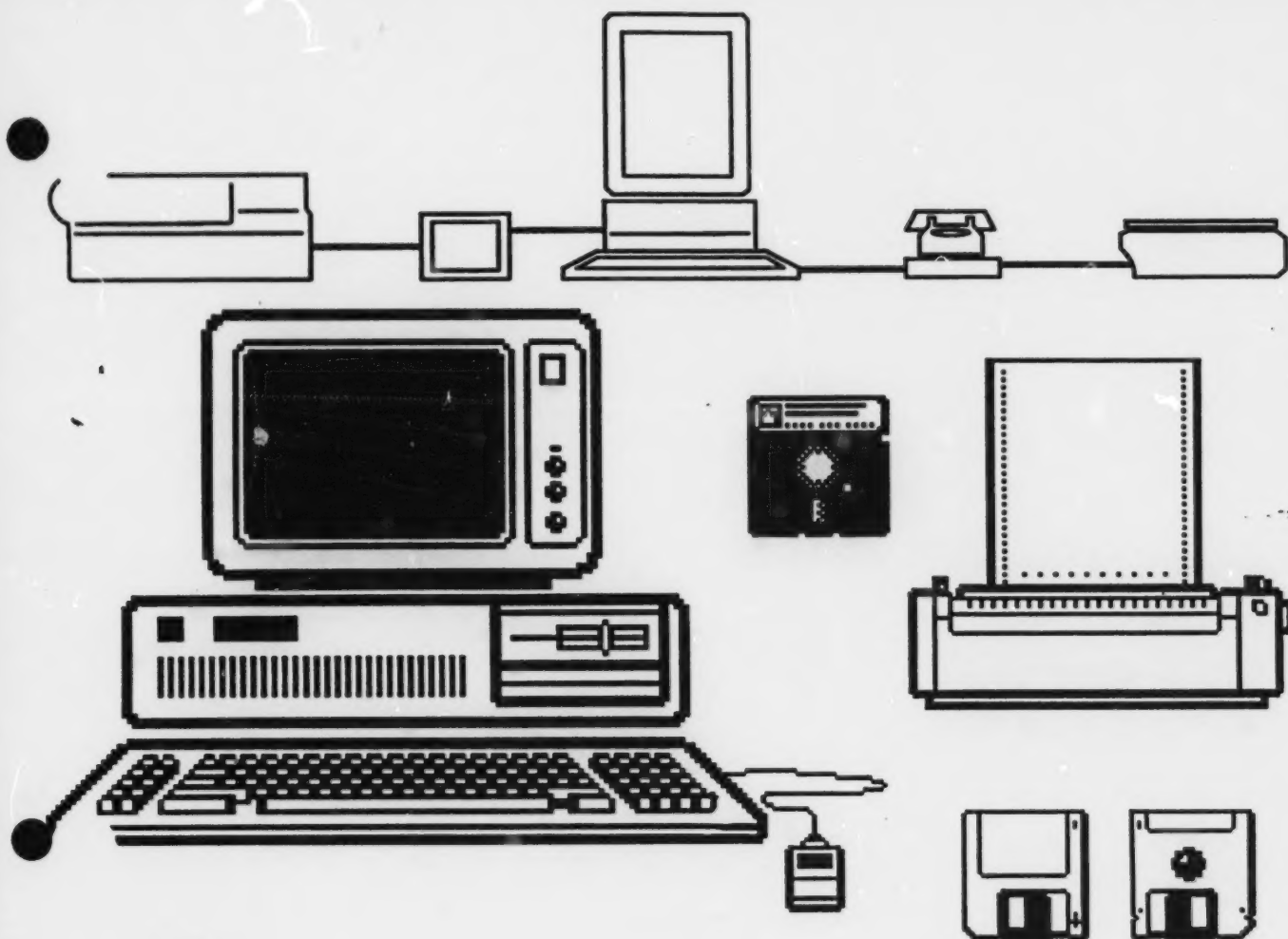
- 3) Give out the work sheet. Ask each student to place the name at the bottom on the correct figure in the top half of the sheet. Give a few minutes time to try the exercise then step in for class discussion.
- 4) Worksheet two have students write meaning of words in the group they are working with in front of the computer.
- 5) Check and identify the meanings.
- 6) Have students arrange the last part of the work sheet.
- 7) Discuss and have students put into practice the entry into the computer.
- 8) As a small group, if students desire, have the students try a few of the educational programs.

FOLLOW-UP:

Consists of working on the computer each Thursday from now until the end of the class sessions.

How are computers used in your department (nominal group activity).

[CW011]



CRT

Disk

Floppy Disk

Hardware

Keyboard

Monitor

Mouse

Printer

Terminal

ADDITIONAL COMPUTER TERMS

DOS

Hard Drive

Mainframe

Memory

Menu

Micro Computer

Mini Computer

Program

Screen

Software

Word Processing

PLEASE PLACE THE FOLLOWING STEPS IN CORRECT NUMERICAL ORDER OF HOW YOU WOULD BEGIN TO WORK ON THE COMPUTER.

_____ **Locate a menu.**

_____ **Turn on screen.**

_____ **Enter program.**

_____ **Select a program.**

_____ **Turn on computer.**

INSTRUCTOR: JUDY KANER

TITLE: UNDERSTANDING WORK-RELATED FORMS

LEVELS: READING 2 - 8

JOB CATEGORY:

Supervisor in Security, Cashier in the Cafeteria, Clerk in Radiology, Worker in Maintenance, Driver in Distribution Center.

OBJECTIVE:

The purpose of this lesson is to acquaint the worker with work-related forms. This involves familiarizing the learner with commonly-abbreviated words on requisition forms as well as understanding their content. In addition, the student learns to compute item and total costs of materials requested.

PROCEDURE:

Together with the class, the teacher goes over the list of abbreviated words taken from the two sample requisition forms. A review of the multiplication of decimals is done followed by a distribution of the sample requisition forms.

EVALUATION/ASSESSMENT:

The work sheets with the sample requisition forms are distributed with questions asked to determine if the learner does understand the content of the forms. The class is encouraged to bring in any work-related forms and the teacher assesses the learner on his understanding of their content.

REFER TO FORMS A & B ON PAGE 4.

1. Eng.	8. elec.	15. HVAC	22. rec.
2. maint.	9. ea.	16. rm.	23. spec.
3. A.S.A.P.	10. appv d.	17. c.s.	
4. co. rep.	11. v.p.	18. G.M.R.	
5. ph.	12. admin.	19. BLDG.	
6. rep.	13. no.	20. DEPT.	
7. qty.	14. p.o.	21. amt.	

II. Answer the following questions pertaining to Form A:

1. What is the final cost of item number F40CW?
2. How many FBO 31/41K were ordered?
3. What percentage of the order of F17 T8/SP/41RS was received?
4. What is the total cost of the amount requested?
5. What is the total cost of the amount received?
6. Who ordered the supplies?
7. Which department is to receive the items?

III. Answer the following questions pertaining to Form B:

1. What is being ordered?
2. Which department is to receive the items?
3. When were the items ordered?
4. Who is being recommended as a possible source for obtaining the items.
5. What is the total cost for items 1-4?

{ jk005 }

ATTENTION OF

DATE _____

ORDERED BY

CHARGED TO DEPT

AUTHORIZED BY

DEPT. HEAD

866-6000

NOKA

SINAI HOSPITAL OF BALTIMORE**REQUISITION NO**

309579

FORM B DO NOT WRITE IN SHADED AREA FOR SUPPLIES, SERVICE AND EQUIPMENT NON-CAPITAL

EXPLANATION FOR REQUEST

INSTRUCTIONS TO BUYER

TITLE	SIGNATURE	DATE	APPRVD		TITLE	SIGNATURE	DATE	APPRVD		TOTAL
			Yes	No				Yes	No	
BUL										158.40
PG. & MAINT										
INICAL ENG.					PURCHASING					

AM 608-8 REV. 9/87

Memorandum

To: Mark Smith
From: Jane Doe
Subject: Thanksgiving vacation
Date: November 1, 1993

A month ago, you requested taking Thanksgiving vacation. I regret to inform you that it will not be possible as it is the busiest holiday for us and we will need you to run the Sales Department. The good news is that you will be paid time and a half for your efforts.

-
1. Who is writing the memo?
 2. What is the subject of the memo?
 3. Who wanted a Thanksgiving vacation?
 4. When was the memo written?
 5. Why was the request for Thanksgiving vacation denied?
 6. What is the benefit for working during Thanksgiving?

MARYLAND HOSPITALS' SKILLS ENHANCEMENT PROGRAM

LESSON PLAN: Communication Skills

LEVELS: All

POPULATION: Employees of Johns Hopkins Hospital

CLASS: I-IV

GOALS: To improve communication skills in the workplace and in life by understanding the roles of listener and speaker.

To use an appropriate role model who has been a speaker at Johns Hopkins Hospital who is an effective communicator

MOTIVATION: Write on the blackboard the last 8 lines from Maya Angelou's poem: 'On the Pulse of Morning, recited at President Clinton's inauguration on January 20, 1993.

PROCEDURES: 1. Ask if anyone has heard or read these lines.
2. Ask for a volunteer to read the poem segment.
3. Discuss what message is communicated in the poem.
4. Discuss Maya Angelou's effectiveness as a speaker.
5. Ask how listeners respond to her.

LESSON DEVELOPMENT:

1. Draw two columns on the board and title each listen and speak. Ask students to give suggestions for being effective speakers and listeners. Do one column at a time.
2. Ask for situations when effective listening and speaking are needed in their workplace.
3. Use Contemporary's workbook: Communication Skills That Work Book One Lesson 2. Talk about the speakers featured: Martin Luther King and John F. Kennedy. Discuss how they communicated their ideas and why people listened.
4. Assign selected pages for independent work for a later follow-up.

FOLLOW UP: 1. Discuss the contrast between Maya Angelou's present ability to communicate effectively with her long silence as a child. Suggest that it is never too late to learn better communication skills. Relate improved skills to job performance.
2. Work in pairs with one partner being a speaker and the other a listener. Suggest a work conversation between two employees or employee and supervisor. Then reverse roles. As a group share what was observed.
3. Give each student a copy of the full poem.

INSTRUCTOR:

DATE:

Therese Parr
August 6, 1993

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'On the Pulse of Morning'

A Rock, A River, A Tree
Hosts to species long since departed,
Marked the mastodon,
The dinosaur, who left dry tokens
Of their sojourn here
On our planet floor,
Any broad alarm of their hastening doom
Is lost in the gloom of dust and ages.

But today, the Rock cries out to us, clearly, force-
fully,

Come, you may stand upon my
Back and face your distant destiny,
But seek no haven in my shadow.
I will give you no hiding place down here.

You, created only a little lower than
The angels, have crouched too long in
The bruising darkness
Have lain too long
Face down in ignorance.
Your mouths spilling words

Armed for slaughter.
The Rock cries out to us today, you may stand
upon me,
But do not hide your face.

Across the wall of the world,
A River sings a beautiful song. It says,
Come, rest here by my side.

Each of you a bordered country,
Delicate and strangely made proud,
Yet thrusting perpetually under siege.
Your armed struggles for profit
Have left collars of waste upon
My shore, currents of debris upon my breast.
Yet today I call you to my riverside,
If you will study war no more. Come,
Clad in peace, and I will sing the songs
The Creator gave to me when I and the
Tree and the rock were one.
Before cynicism was a bloody sear across your
Brow and when you yet knew you still
Knew nothing.
The River sang and sings on.

There is a true yearning to respond to
The singing River and the wise Rock.
So say the Asian, the Hispanic, the Jew
The African, the Native American, the Sioux,
The Catholic, the Muslim, the French, the Greek
The Irish, the Rabbi, the Priest, the Sheikh,
The Gay, the Straight, the Preacher,
The privileged, the homeless, the Teacher.
They hear. They all hear
The speaking of the Tree.

They hear the first and last of every Tree
Speak to humankind today. Come to me, here be-
side the River,
Plant yourself beside the River.

Each of you, descendant of some passed
On traveller, has been paid for.
You, who gave me my first name, you,
Pawnee, Apache, Seneca, you
Cherokee Nation, who rested with me, then
Forced on bloody feet,
Left me to the employment of
Other seekers — desperate for gain,
Starving for gold.
You, the Turk, the Arab, the Swede, the German,
the Eskimo, the Scot,
You the Ashanti, the Yoruba, the Kru, bought
Sold, stolen, arriving on the nightmare
Praying for a dream.
Here, root yourselves beside me.
I am that Tree planted by the River,
Which will not be moved.
I, the Rock, I, the River, I, the Tree
I am yours — your passages have been paid.
Lift up your faces, you have a piercing need
For this bright morning dawning for you.
History, despite its wrenching pain,
Cannot be unlived, but if faced
With courage, need not be lived again.

Lift up your eyes upon
This day breaking for you.
Give birth again
To the dream.

Women, children, men,
Take it into the palms of your hands,
Mold it into the shape of your most
Private need. Sculpt it into
The image of your most public self.
Lift up your hearts
Each new hour holds new chances
For a new beginning.
Do not be wedded forever
To fear, yoked eternally
To brutishness.

The horizon leans forward,
Offering you space to place new steps of change.
Here, on the pulse of this fine day
You may have the courage
To look up and out and upon me, the
Rock, the River, the Tree, your country.
No less to Midas than the mendicant.
No less to you now than the mastodon then.

Here on the pulse of this new day
You may have the grace to look up and out
And into your sister's eyes and into
Your brother's face, your country
And say simply
Very simply
With hope —
Good morning.

— Maya Angelou
President Clinton's inauguration,
Jan. 20, 1993

INSTRUCTOR: JUDY KANER

TITLE: BEGIN WITH THE END IN MIND - TIME MANAGEMENT FOR ACHIEVING SHORT-TERM GOALS

LEVEL: READING 4 - 8

JOB CATEGORY: SUPERVISOR IN SECURITY, CASHIER IN THE CAFETERIA, CLERK IN RADIOLOGY

OBJECTIVE: THE PURPOSE OF THIS LESSON IS TO CATEGORIZE AND PRIORITIZE THE LEARNER'S DAILY ACTIVITIES. BY DOING THIS, HE/SHE CAN ACQUIRE THE NECESSARY TOOLS FOR ACCOMPLISHING SHORT-TERM GOALS.

PROCEDURE:

Begin by asking the class two questions. What one thing could you do (that you are not doing now) on a regular basis would make a huge positive difference in your personal life? What about in your working life? Write the answers to these questions on the board and begin a discussion based on The Seven Habits of Highly Effective People, by Steven Covey, p. 149-160. In summary, Covey emphasizes the concept of "putting first things first", and having the discipline to carry them out. He divides all activities into four activities: "Urgent and Important", "Urgent and Not Important", "Not Urgent and Important", "Not Urgent and Not Important". In order to avoid "burnout" and wasting time doing non-essential and non-important activities, one needs to learn to say no and to place one's emphasis in the "Important and Not Urgent" category.

EVALUATION/ASSESSMENT:

The learner is given a worksheet (included).

MATERIAL:

1. Covey, Stephen R. The Seven Habits of Highly Effective People, p. 149-160.

I. Identify to which quadrant these activities belong:

1. a ringing phone that needs to be answered
2. cut off notice for electric bill that needs to be paid
3. watching television
4. insulating your home
5. having meetings at work to air out your grievance
6. looking into correspondence courses in continuing education
7. washing dishes
8. bomb scare at work
9. exercise
10. scheduling your time and writing out your long and short-term goals.

II.

1. If you want to be effective, stay out of Quadrants ____ and ____.
2. In order to gain time for Quadrant II, effective people shrink down Quadrant ____.
3. Effective management means ____.
4. ____ is discipline, carrying it out.
5. When dealing with people being ____ does not work. Instead one needs to be ____.

WORD BANK: effectiveness, efficiency, I, II, III, IV, putting first things first, management.

THE TIME MANAGEMENT MATRIX

	<u>URGENT</u>	<u>NOT URGENT</u>
IMPORTANT -	I Activities: Crises Pressing problems Deadline-driven projects	II Activities Prevention Relationship, building planning, recreation recognizing new opportunity
NOT IMPORTANT -	III Activities Interruptions, some calls mail, reports, meetings	IV Activities trivia, busy work some mail, phone calls time wasters, pleasant activities

III. List twenty activities and categorize them into one of the four quadrants.

[JK006]

The Time Management Matrix

	Urgent	Not Urgent
Important	I Activities: Crises Pressing problems <u>Deadline-driven projects</u>	II Activities: Prevention Relationship building Planning, recreation <u>Recognizing new opportunities</u>
Not Important	III. Activities Interruptions, some calls Some mail, some reports Some meetings	Activities: trivia, busy work Some mail Some phone calls time wasters pleasant activities

III i. List twenty activities and categorize them into one of the four quadrants.

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MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

TITLE: "EFFECTIVE METHODS IN MANAGING CONFLICT"

LEVELS: READING LEVELS 4 - 8

JOB CATEGORY: CASHIER IN THE CAFETERIA, CLERK IN RADIOLOGY AND
SUPERVISOR IN SECURITY

OBJECTIVE:

This lesson is designed to teach the learner effective stress-reducing methods in handling conflict especially in the hospital workplace.

PROCEDURE:

A lesson is given explaining how to apply "first-aid" to hurt feelings when slighted by a fellow workers' words or actions. A person may need to apply gratitude, forgiveness and/or compassion to stop the "bleeding". The next step is to respond "proactively" and not "reactively". Examples are requested from the class and together the class will think aloud of ways to apply "first-aid", as well as deal with the examples effectively.

EVALUATION/ASSESSMENT:

A. The following examples are useful in assessing information learned through role playing:

1. Head nurse to secretary: "I don't like the way you typed this up. You did a lousy job!"
2. Supervisor of department to housekeeper: "These ashes are from yesterday. You forgot to empty the ash tray. You're not going to get too far if you can't remember to do such a simple job as housekeeping properly."
3. Doctor to secretary: "I don't want you taking your lunch break today. I want you to spend it rewriting this memo."
4. Customer to cashier: "You don't mind if I go ahead of these two people in line, I'm in an awful rush?"
5. Visitor to Guard: Look, I give a lot of money to this hospital and no one is going to tell me when visiting hours are over.
6. Customer to Cafeteria Workers: "Is this all I get? I want you to measure my food again or else take off what you gave to that guy ahead of me."

7. Doctor to Nurse's Aide: Well, how would you know what the patient needs, you're just a nurse's aide?"
 - 8 Supervisor to Clerk: "Look if it's a choice between whom to believe, you or the doctor, you know I'm going to side with the doctor."
- A. A multiple choice review sheet is included in the lesson:
1. An example of compassion is:
 - a. "Oh, she must be having a hard day."
 - b. "Why can't he control himself when he talks?"
 - c. "He must be feeling pretty unsure of himself."
 - d. Both a & c.
 2. An example of gratitude is:
 - a. "I'm so glad I'm not married to him".
 - b. "At least you didn't get fired."
 - c. "You did the right thing."
 - d. Both a & b
 3. An example of forgiveness is:
 - a. "Just let it go".
 - b. "Forget it ever happened."
 - c. "No use crying over spilled milk."
 - d. "Forgive and forget."
 - e. a, b & d
 4. The most effective response to an insulting remark, generally is:
 - a. To focus on the insulator and be compassionate before responding.
 - b. To respond with an even more insulting remark.
 - c. To be silent and stew in resentment.

5. An example of being proactive is:
 - a. Getting depressed after being insulted.
 - b. Feeling gloomy because it's a cloudy day.
 - c. I control my feelings.
6. Covey's term "inside-out" means that :
 - a. If you want to have more freedom in your job, be a more responsible, more helpful and contributing employee .
 - b. One need never feel a victim of circumstances.
 - c. One needs to make and keep promises to ourselves before we make and keep promises to others.
 - d. All of the above.
7. When in conflict with another worker and one sees glaring faults in him it is advisable to:
 - a. Stick to the issues.
 - b. Focus on his faults and gently point them out to him.
 - c. Humiliate him until he feels he has no choice but to give in.
 - d. None of the above.
8. You may not agree with what the others are saying but still it is wise to:
 - a. Listen with compassion.
 - b. Give in to the other person for the sake of peace.
 - c. Preserve dignity to all involved.
 - D. Both a & c.
9. Sometimes conflicts grow out of:
 - a. Misunderstandings
 - b. Incomplete information
 - c. Negative feelings

- d. All of the above.
- 10. When an event occurs in our lives we have freedom to:
 - a. Change the event
 - b. Change the person who perpetrated the event
 - c. Choose our response
 - d. All of the above.

MATERIALS:

- 1. Adahan, Miriam. Living With Difficult People Including Yourself.
- 2. Covey, Stephen R. The Seven Habits of Highly Effective People, p. 42-44, p. 70-81.
- 3. Pransky, George. The Relationship Handbook.
- 4. Kindler, Herbert S. Managing Disagreement Constructively, p. 1-19.

MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

LESSON TITLE: "VARIOUS STRATEGIES FOR MANAGING CONFLICT IN THE
WORKPLACE".

LEVEL: READING 4 - 8

CLASS: PROBLEM-SOLVING

JOB CATEGORY:

Supervisor in security, clerk in Radiology, and cashier in the cafeteria.

OBJECTIVE:

The objective of this lesson is to familiarize the learner with nine common strategies in resolving conflict so that he may be better prepared to handle conflict in his workplace.

PROCEDURE:

An explanation of the nine common strategies is presented including examples that the class has given.

EVALUATION/ASSESSMENT:

A worksheet is distributed with the learner choosing a method or methods which is suitable to managing the sample conflicts.

MATERIAL:

1. Kindler, Herbert S., Managing Disagreement Constructively, p. 32-39.

Choose a strategy or strategies which best suites resolving the following conflicts. Explain your choices.

To be used with Managing Disagreements Constructively, p. 32-39.

1. You're a supervisor and your boss tells you that you and your co-workers must work round-the-clock to get a short-term assignment done. What method would you use as a strategy in presenting this request to your co-workers?
 2. It's your daughter's graduation from high school and suddenly your boss is asking you to come in on that Sunday which is graduation.
 3. You need to get the medical documents faxed to the emergency room.. The secretary is busy filling out routine forms and talking on the telephone.
 4. Everyone in your department has heard about the two day seminar in Miami by only three may go even though all are eligible. Hoe do you choose those three employees?
 5. You and your boss are deadlocked over whether to hire an expensive private detective agency in solving a recent spate of criminal activity at the institution. How do you temporarily resolve the conflict?
 6. Joe's boss likes it when Joe is the last one to go home from work. He wants Joe to close up shop and make sure everyone is out of the building. Joe doesn't mind leaving late, however he would like to gain something from this favor that he is doing for his boss. What should he do?
 7. You don't like your supervisor's methods in handling delinquent bills and you feel he's a bit harsh with her employees. Still you've made a nice group of friends at work and the job benefits are good. What is your response in this situation?
 8. You disagree with your co-workers decision to waive pre-admission registration prior to examination and to wait until after examination. However, since she seems to have a better understanding of hospital clientele, you agree to discuss the results in a month.
 9. You and your co-workers both share mutual respect and admiration for each other. You realize that your department has grossly exceeded its budget. You wish to brainstorm together for solutions. This method is
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MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

LESSON PLAN: "U.S. IMMIGRATION POLICY IN THE HOSPITAL"

LEVEL: GED AND PROBLEM SOLVING

PROBLEM:

Hospital employees are among the first to come into contact with the many illegal and legal immigrants entering our country.

OBJECTIVE:

The students will be motivated to write about their personal problems and experience with recent immigrants.

MATERIALS:

Graphic organizers, newspaper clippings, article from U.S. News and World Report, "The Six-Step Problem Solving Process, by Sandy Pokras, video "Adjusting to Classmates From Different Cultures", (call 1-800-424-5627 for information).

MOTIVATION:

Many students were aware of the recent tragedy in New York when a tanker transporting illegal immigrants struck ground, causing over 300 Chinese men and women to jump ship. Eight people died despite rescue efforts.

PROCEDURE:

1. Day One: Have students write a paragraph in their journal about their experiences on the job with illegal and/or recent immigrants. Have students read their paragraphs to the class.
2. Day Two: Have students read recent newspaper and news magazines articles (enclosed) concerning problems with illegal immigration. Using a graphic organizer, compare today's immigrants with previous migrations of people to the U.S.
3. Day Three: Using a graphic organizer such as a web, students will identify a problem at work site related to immigrants they serve or staff their must deal with. Students will write an essay on a topic related to their problems.
4. Day Four: Students will be introduced to the "Six Step Problem-Solving Process", as designed by Sandy Pokras. Using this outline, essays will be re-examined and modified as needed.
5. Day Five: Show video "Adjusting to Classmates From Different Cultures." Students write down ten methods described in video for dealing with newcomers to our country.

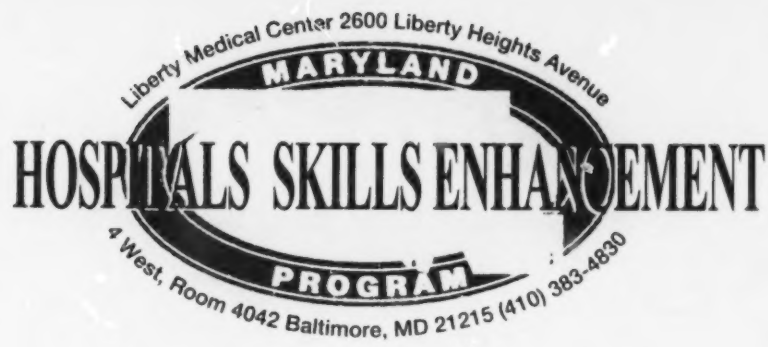
SUMMARY:

Good writing comes as a result of really being interested in a topic. It is hoped that students will become more interested in their written assignments when these assignments are related to workplace experience.

FOLLOW-UP:

Not all students had experience, positive or otherwise with immigrants and/or illegal. However, as an off-shoot of this lesson, the students decided on their own that they would write about a problem of their own choosing.

[CW008]



INTRODUCTION TO BUSINESS WRITING

DEVELOPED BY JAMES LEE
FOR M.H.S.E.P.
1994

MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

BUSINESS WRITING CURRICULUM

OVERVIEW

In the work environment of the 90's, employees are increasingly required to communicate effectively in writing. Memos, letters, job orders, phone messages, etc. are routinely a part of the typical work day. The intent of this curriculum is to acquaint the employees with various forms of business writing, and familiarize them with acceptable procedures and formatting of written communication in the workplace.

Objectives: To improve hospital employees' business writing skills by:

- Assessment of students' skills
- Identifying students' areas of academic need
- Addressing strengths and weaknesses
- Sentence writing
- Introducing types of business letters
- Reviewing grammar, punctuation, spelling
- Introducing and practicing memo-writing
- Proofreading
- Organizing and writing longer business letters
- Writing as a three-step process
- Application of writing principles
- Stressing coherence
- Resume writing
- Composing cover letters
- Evaluation of skills

The following sessions address the stated objectives. Each session may require one or more class periods depending on demonstrated student skills and number of students in the class.

The bibliography includes titles which have been useful to teachers implementing this curriculum and should provide excellent reference/resource material.

SESSION 1 Course Introduction/ Evaluation of student skills

I. Introduction

- A. Stress need of addressing individual writing problems and concerns.
- B. Briefly discuss writing as a process involving time commitment.
- C. Emphasize importance of regular attendance to facilitate sequential progress.
- D. Discuss necessity of self-motivation and self-evaluation.
- E. Introduce procedure for keeping student portfolio.
(An on-going selective representation of students' work.)

II. Student assessment

- A. Assess students' grammar and writing skills using a writing sample, teacher-made test, formula test, etc.
- B. Request writing sample from each student.
(Suggested topics)
 - 1. Tell me what you hope to achieve as a result of having enrolled in this course.
 - 2. Explain why you think education is a life-long process.
 - 3. Explain why effective communication is important to the success of any business and its employees.
 - 4. Provide the student the opportunity of choosing his/her own topic -- having evaluated its appropriateness.

SESSION 2

- Discussion of assessment tool
- Discussion of writing sample
- Sentence writing

- I. Discussion of assessment tool used in Session I
 - A. General discussion of instrument used.
(Explain items missed by majority of students.)
 - B. Establish student confidence in ability to succeed.
 - C. Address student misconceptions.
 - D. Specific discussion of results with individual students.
(Explain how results will impact instruction.)
- II. Return writing samples
 - A. Discuss your method of evaluation.
 - B. Evaluate to level of student need at this stage of writing development. (Do not confuse students with concepts beyond their need to know or their ability to understand.) Individual evaluation is confidential.
 - C. Develop one level of skill at a time.
 - D. Praise each student in some way.
 - E. Use PRAISE QUESTION POLISH technique.
 - F. Establish a need for students to want to revise their work.
 - G. Metaprocessing (Think about the writing process. Examine what is in your mind which you wish to express on paper.)
 - H. Writing is not a linear but a recursive process. (The writer thinks and rethinks continually as writing takes place.)
- III. Sentence Writing
 - A. Define "Sentence"
 - 1. Complete sentence
 - 2. Sentence fragment
 - 3. Run-on sentence
 - B. Refer to The Building Blocks of Business Writing
Read pp 7 - 16, and complete exercises 1 - 6
 - C. Distribute supplementary exercises.
 - 1. Complete small sections, then discuss answers to monitor progress.
 - 2. Have students complete handouts at home.

Session 2 Section III cont.

3. Use handouts as transition into next day's lesson.

IV. Introduce types of business letters

- A. Requests for information, reservations, and appointments
- B. Answering requests (delay of order/refuse request)
- C. Claim and adjustment letter
- D. Credit and collection letter
- E. Sales letters
- F. Employment letters
- G. Social/Business letters
- H. Persuasive letter
- I. Letter of refusal
- J. Letters that ask and transmit (ask = request)
(transmittal = accompany check or contract)
 - 1. Brevity
 - 2. Completeness
 - 3. Tact and courtesy

V. Student Writing Assignment:

Your supervisor has asked you to send a duplicate invoice to:
Mr. Robert Johnson, Accounts Payable
Smithfield Industries
P.O. Box 2445
New York, NY
Smithfield Industries has lost the original invoice and
requests duplicate.

SESSIONS 3 - 7 COMMON GRAMMATICAL ERRORS: AN OVERVIEW

SESSION 3 - Verb Usage

- I. Omitting verb endings
 - A. Quiz on incorrect verb forms
 - B. Principal parts of irregular verbs
 - C. Troublesome verbs
 - D. Verb usage
 - E. Discuss verb as indicator of time
 - F. Clear up popular misconceptions during class discussion of exercises
- II. Unnecessary shifts in verb tense
 - A. Consistency of tense within sentences
 - B. Consistency of tense within paragraph
 - C. Parallel structure

SESSION 4 - Incorrect Prepositions - Missing Articles

- I. Incorrect Prepositions
 - A. Provide supplemental list of commonly used prepositions
 - B. Function of preposition within the sentence
- II. Missing Articles
 - A. Use of "a", "and" and "the"
 - B. Confusion resulting from omission of article

SESSION 5 - Subjects/Verbs

- I. Subjects
 - A. Identify subject of simple sentence
 - B. Identify subject as never occurring within prepositional phrase
 - C. Nouns having number and gender
- II. Verbs
 - A. Identify verb (predicate) of simple sentence
 - B. Action verb vs. linking verb
 - C. The verb "to be" and irregular conjugation

SESSION 6 - Pronoun/Antecedent agreement
 - Non-standard words

- I. Pronouns
 - A. Subjective, objective and possessive case
 - B. Personal pronouns
 - C. Indefinite pronouns
 - D. Relative pronouns
 - E. Identify interrogative pronouns
 - F. Identify demonstrative pronouns
 - G. Complete worksheets after presentation of each of the above concepts to assess student comprehension
 - H. Re-teach each concept as an integral part of the student writing assignments
- II. Non-standard word usage
 - A. Identify common errors used by students
 - B. Discuss "s" of third person singular verb
 - C. Discuss use of "seen"
 - D. Discuss "do", "did", "done" errors
 - E. Incorporate individual errors from student writing into various lessons.

SESSION 7

- Continuation of noun/pronoun/verb review
- Pronoun continuation
- Format for collection letter

- I. Review worksheets not completed in previous class
 - A. Draw students' attention to repeated errors
 - B. Provide individual attention during writing exercise
- II. Introduce Pronouns in detail
 - A. Evaluation exercise (use a 5 sentence exercise)
 - B. Review pronoun case
 - C. Provide chart for choosing correct pronoun
 1. Subjective
 - a. subject of sentence
 - b. predicate nominative
 2. Objective
 - a. object of verb
 - b. object of preposition
 3. Possessive
 - a. singular and plural
 - b. does not use the apostrophe
 - c. shows ownership
- III. Format for collection letter
 - A. Discuss format preferred by employer
 - B. Three stages of collection letter
 1. Polite reminder for overdue payment
 2. More strongly worded letter
 3. Final collection letter

SESSION 8

- Confusing word pairs*
- Related exercises
- Spelling errors/rules/exercises

I. Commonly confused words

- A. To, Two, Too
- B. Their, There, They're
- C. Its, It's
- D. Your, You're
- E. Whose, Who's
- F. Than, Then
- G. Were, Where
- H. Personal, Personnel
- I. Instance, Instants
- J. Devise, Device
- K. Specific, Pacific

*Refer to explanations/exercises in Building Blocks of Business Writing pp 31 - 35

II. Use supplemental exercises to test for student comprehension

- A. Present series of exercises to reinforce understanding of 8-10 pairs
- B. Repeat terms previously studied in other exercises.
- C. Have students bring most frequently confused words in business communications class for discussion
- D. Make this a fun activity by bringing to class examples of "fractured headlines" or other examples of confusing word pairs
- E. Discuss the term "malapropism"
- F. Have students scan newspapers and magazines for articles concerning this topic: (suggestions)
 - 1. Dan Roderick's column in "The Evening Sun"
 - 2. New York Magazine
 - 3. The New York Times Magazine

III. Spelling Errors

- A. Proofreading exercises
- B. Two methods for improving spelling:
 - 1. Building Blocks of Business Writing pp 41-42
 - 2. Six Steps to Improving Writing - Handbook for Writers by Leggett, Mead and Charvat, Prentice Hall, 1962
- C. Individualized Word Lists
 - 1. Errors from writing assignments
 - 2. Errors from office letters and memos
- D. List of most commonly misspelled words
- E. Review of basic spelling rules

IV. Spelling Rules

- A. Building Blocks of Business Writing pp 36-42
- B. Noun plurals
- C. Final silent "e"
- D. Doubling the final consonant
- E. Other spelling rules applicable to student needs

V. Spelling errors from writing assignments

- A. Students keep list in readily accessible format
- B. Students work on individual difficulties with aid from instructor before or after class sessions.

SESSION 9

- Confusing word pairs (follow-up)
- Memo-writing
- Keys to effective memos

I. Confusing word pairs

- A. Proofreading exercises (Use appropriate exercises to check for spelling punctuation, usage)
 - 1. Allow student approx. 15 minutes to correct errors
 - 2. Discuss exercises in class
 - 3. Have students keep record of recurring errors

II. Memo-Writing (refer to Memo Writer's Handbook)

- A. Discuss types of memos in use
- B. Present standard memo format
- C. Discuss necessity for brevity and conciseness
- D. Write cooperative memo in class

III. Keys to writing effective memos (refer to Memo Writer's Handbook)

- A. Steps to writing an effective memo
- B. Writing the first draft of a memo
- C. Discuss recent work completed by students in office setting
 - 1. Examine copies of memos written during course of regular business
 - 2. Elicit input from office manager or supervisor
- D. Organizing longer memos
 - 1. Discuss current office practices
 - 2. Refer to Memo Writer's Handbook for procedure

SESSION 10

- Punctuation (an overview)
- Proofreading (spelling, usage, and verb tense)
- Writing first draft of memo -- review
- Student writing

I. Punctuation - an overview

- A. Refer to -The Building Blocks of Business Writing Ch. 4, pp 43-51
 - 1. End marks
 - 2. Commas
 - 3. Semi-colons
 - 4. Underlining (Italics)
- B. Pretest for student assessment (your choice)
- C. Discuss problems students have encountered in their work
- D. Supplement text with additional material
- E. Teach small sections of the topic
- F. Use "CHECKPOINT" activities in Basics of English pp 149-169
- G. Incorporate examples of student writing

II. Proofreading

- A. Use a worksheet as drill at beginning of class session
- B. Discuss answers
- D. Have students record areas of weakness for further study

III. Writing first draft of memo

- A. Review standard memo format
- B. Review "Writing the first draft of the memo" from Memo Writer's Handbook
- C. Examine step-by-step procedure Writing for Workplace Success pp 188-202
- D. Discuss examples of memos in the workplace
- E. Assign topics for student writing
 - 1. See "Writing the first draft of the memo"
 - 2. Develop topics relevant to student needs

IV. Student Writing

- A. Continue evaluation through individual conferences
- B. Use peer evaluation when appropriate

SESSION 11

- Subordinating and Coordinating Conjunctions
- Conjunctive adverbs
- Overuse of "and" (steps to eliminate)

I. Conjunctions as link between ideas

A. Coordinating conjunctions

1. Join words or groups of words of equal rank
2. and, but, for, nor, yet and so
3. Teach concept - evaluate using Checkpoint format
4. Provide sample sentences for discussion
5. Use supplementary exercises and hand-outs

B. Subordinating conjunctions

1. Introduces a subordinate (modifying) clause.
2. When, since, because, as soon as, etc.
3. Teach concept- Evaluate
4. Provide sample sentences for discussion
5. Use supplementary exercises and handouts

II. Conjunctive Adverb

A. Term which links two independent clauses when coordinating conjunction is not appropriate

1. ;however, ;nevertheless, ;consequently, ;furthermore
2. Note correct punctuation
3. Note placement in sentence between two independent clauses
4. Note: same terms may appear in sentence as one-word interrupter (,however, ,furthermore, etc.)

III. Overuse of "AND"

A. In a run-on sentence

1. Place period at end of each complete thought
2. Examine connection between ideas joined by conjunction
3. Explore correct use of punctuation
4. Begin to examine the logic of what is written

B. Use student writing to reinforce concept

SESSION 12

- Punctuation (reinforcement)
- Introduction to use of semi-colon, Colon, Apostrophe, and Underline
- Memo Format (review)

I. Punctuation

- A. Review Use of Comma
 - 1. Post-test of material previously presented
 - 2. Class discussion of handouts
 - 3. Examination of earlier writing
- B. Review of Semi-colon
 - 1. Post-test
 - 2. Discussion
 - 3. Examination of writing
- C. Use discussion Checkpoint format

II. Use of Semicolon, Colon, and Apostrophe

- A. Refer to The Building Blocks of Business Writing pp 48-51
 - 1. Use small segment approach
 - 2. Use Teach/Evaluate procedure
- B. Refer to Basics of English pp 159-170
 - 1. Supplement with teacher notes
 - 2. Check for student mastery before moving to next skill
- C. Notes on semi-colon
 - 1. Between main clauses of compound sentence IC; IC
 - 2. Between independent clause and conjunctive adverb IC; however; IC
 - 3. Between series of items containing commas , , , , ; ;
 - 4. Between main clause and list of examples when introduced by "for example" or "for instance".
- D. Notes on colon
 - 1. Use colon before a list introduced by a complete sentence
 - 2. Never use immediately after a verb
 - 3. After salutation of business letter
 - 4. Between hours and minutes

E. Notes on Apostrophe

1. Possessive case of nouns and indefinite pronouns
2. If singular noun ends in "s" and 's
3. If plural noun ends in "s" add only '
4. Contractions - doesn't, won't, she'll
5. Plurals of letters, numbers, and words t's and 's, i's

III. Memo Format

- A. Refer to The Building Blocks of Business Writing
pp 69
- B. Refer to Writing for Workplace Success Lesson 11
pp 188-202

SESSION 13

- Proofreading
- Apostrophe and Underlining (Reinforcement)
- Organizing and Writing the Longer Business Letter

I. Proofreading

- A. Emphasis on comma, semi-colon, colon and apostrophe use
- B. Use warm-up activity of a writing exercise with the targeted punctuation eliminated (to be inserted correctly by the student)
- C. Use individual analysis of difficulties

II. Apostrophe and Underlining

- A. Class discussion of handouts
- B. Review concepts previously taught
- C. Post-test to evaluate student comprehension

III. Organizing and Writing the Longer Business Letter

- A. Three step process
 - 1. Develop purpose
 - 2. Plan
 - 3. Check and Doublecheck
- B. Purpose must always be kept uppermost in the Writer's mind
 - 1. State purpose in writing before beginning letter
 - 2. Organize material to support purpose
 - 3. Exclude irrelevant information
 - 4. Evaluate constantly during composition

SESSION 14

- Memo Writing
- Writing as a Three Step Process
- Application of Principles through Writing

I. Format of Memo

- A. See page 69, The Building Blocks of Business Writing
- B. Use office memos to discuss variations of format (if using work-place generated memos, be very careful that the content is not confidential or of non-general content)
- C. Use pages 188-202, Writing for Workplace Success

II. Writing as a three-step process

- A. Develop Prewriting, Writing and Checking Method of Composition
- B. Develop DP, P, C (Define Problem, Planning and Checking)
 - 1. Define Problem
 - a. What is the purpose for writing?
 - b. What should I have when I am finished?
 - 2. Planning
 - a. Who must get this information?
 - b. What format should I use?
 - c. What style should I use?
 - d. What tone should I use?
 - e. What information should I include?
 - f. How should I organize this information?
 - 3. Checking your Solution
 - a. Did I accomplish my purpose?
 - b. Does my writing solve the work problem?

III. Demonstrate the above method by using teacher-generated ~~work~~ place memos and student writing.

- A. Follow DP, P, C method above
- B. Assign in-class writing exercises
- C. Evaluate by means of Individualized Instruction

SESSION 15

assignment

- Review Steps for Memo Writing
- Discuss student responses to memo writing

Discuss Poorly Written Responses to Assignment
Coherence in the Paragraph

- I. Review elements of the Memo
 - A. Format
 - B. Content
 - 1. Importance of Planning
 - 2. Significance of Proofreading
- II. Discuss student responses to memo writing assignment (previous lesson)
 - A. Peer evaluation
 - B. Checklist format (previously distributed to students)
 - C. Whole group discussion of Problems/Concerns
 - D. Individualized instruction
- III. Poorly written responses to assignments
 - A. Redirect student attention to review elements
 - B. Present teacher generated solutions to work-place generated memos (used in Session 14)
 - C. Use teacher solutions as basis for class discussion
 - 1. Review of grammar and usage
 - 2. Review of spelling
 - 3. Review of proper format of Memo
- IV. Coherence
 - A. Define term Coherence
 - B. Examine work completed by students for Coherence
 - C. Examine other examples of writing which lack Coherence
 - 1. Students' writing samples
 - 2. Students' assignments

SESSION 16

- Coherence in the Paragraph
- Achieving coherence
- Exercises
- Evaluation

I. Review Definition of Coherence

- A. Clear Thinking
- B. Careful Ordering of Sentences

II. Ways to achieve Coherence

- A. Arrange sentences in logical order or pattern
- B. Repeat parallel grammatical forms
- C. Repeat Key Words and Phrases (use of synonyms)
- D. Use Transitional Words or Phrases

III. Exercises on Paragraph Coherence

- A. Introduce exercises from How to Write for Business
pp 144-146
- B. Examine each paragraph for elements of Coherence
- C. Discuss paragraph structure
 - 1. Topic Sentence
 - 2. Supporting Sentences
 - 3. Meaning of each sentence in relation to Topic Sentence
- D. Allow Students to work individually or in groups

IV. Teacher Evaluation

- A. Can student summarize longer passage?
- B. Can student determine meaning through summarizing?
- C. Can student recognize elements of Coherence?
- D. Can student apply these elements to worn writing?
- E. Can student recognize examples of writing lacking Coherence?

SESSION 17

- Resume Writing
- Interview method
- Fact Sheet
- Rough draft
- Proofreading

I. Elements of an Effective Resume

- A. Must be visually inviting
- B. Highlight experience and skills in easy-to-follow format
- C. Point to results of your efforts-not just job description

II. Interview Method for Preparation

- A. Role play interviewer and job seeker
- B. Develop note-taking skills
- C. Provide opportunity for job seeker to have assistance in the resume writing process

III. Developing Fact Sheets

- A. Headings for Notes (One on sheet of paper)
 - 1. Identification
 - 2. Work experience
 - 3. Education
 - 4. Activities
 - 5. Interests
- B. Information compiled through Questioning Process
 - 1. Emphasize use of words that clearly and simple describe one's job responsibilities, skills, and accomplishments
 - 2. Sample Work Experience Questions
 - a. What exactly do you do on your job on a weekly, monthly and daily basis?
 - b. Did your accomplishments result in promotion, raise or other recognition? Quantify your answer.
 - c. Did you manage the work of one or more employees?
 - d. What important projects did you work on? Describe them and your role.
 - e. Did you come up with original ideas that were implemented by your supervisor? Describe what was involved, your role and credit or reward.
 - f. Did you train one or more employees to do something you know how to do well? Describe the nature of the task.
 - g. What have you done that made you feel

satisfied or won praise from supervisor,
management or clients?

SESSION 17 Continued

3. Education Questions
 - a. How does your academic training fit the needs of the job tasks you now perform?
 - b. Did you put yourself through school by working?
 - c. How were you selected for honors, scholarships and awards?

- C. Resume Format
 1. Chronological
 2. Functional
 3. Analytical or Targeted

Adapted from: the 90-Minute Resume by Peggy Schmidt, Peterson's Guides 1990

IV. Compiling a rough draft of resume

- A. Step One
 1. Put check mark next to job responsibilities and accomplishments which strongly evidence your qualifications to do the kind of work for which you are applying.
 2. Decide which jobs you want to provide the most detail about.
 3. Separate jobs into major and minor categories.
- B. Step Two
 1. Consolidate responsibilities and accomplishments by using 3-5 concise statements.
 - a. Begin with action verb
 - b. Past tense for all but present job
 - c. Don't make verb a noun
 - d. Don't end verbs with -ing
- C. Step Three
 1. List name of school, location, dates of attendance and degree received.
 2. List honors, awards, and recognition of achievements.
- D. Step Four
 1. Activities may be optional
 2. Possible Headings
 - a. Professional Affiliation
 - b. Community or Civic Activities
 - c. Volunteer Work

d. Extracurricular Activities

SESSION 17 continued

E. Step Five

1. Interest may be optional
2. Be specific
3. Write individual brief description
4. List only what is relevant

V. Proofreading the rough draft

- A. Are all of the elements of Identification correct and complete?
- B. Do you want to add a job objective?
- C. Are headings clear and in proper order?
- D. Do points under each section start with action verb?
- E. Are all major relevant points from your fact sheets covered in some way?

SESSION 18

- Complete discussion of resume writing
- Continue discussion of unity and coherence in paragraph
- Introduce elements of cover letter

I. Resume Writing

- A. Finish notes from The 90-Minute Resume by Schmidt (see attached).
- B. Discuss examples of Chronological and Functional Format of resume (see attached).
- C. Hand out and discuss list of action verbs for resume writing.

II. Coherence in Paragraph

- A. Present example of poorly written cover letter by Ronald R. Rambling, pp 60, The Perfect Cover Letter
- B. Record on flip chart or blackboard a list of good and bad points of the letter. Responses may include:
 1. Poor topic sentence
 2. Purpose not stated in topic sentence
 3. Misuses of "and" in the first sentence
 4. Vague wording; "very interesting"
 5. "any available opening" - lacks focus
 6. "where I excelled as a student" - list G.P.A. or rank in class
 7. "active in community service" - off topic
 8. Eliminate paragraph #3
 9. "value" - shift meaning of term from one idea to non-related one
 10. "nearly" - too vague
 11. "Manager and Customer Inquiry position" - should be explained in separate paragraph
 12. Ending too generalized - ask for time and place for interview

III. Elements of the Cover Letter

- A. Characteristics of Good Cover Letter
- B. Purpose of Cover Letter
- C. Research in preparation of writing
- D. Format of letter
- E. Elements of Good Cover Letter

RESUME PREPARATION

RESUME MUST BE CONCERNED WITH NEEDS OF THE PROSPECTIVE EMPLOYER

USE WORDS THAT CLEARLY AND SIMPLY DESCRIBE YOUR JOB
RESPONSIBILITIES, SKILLS AND ACCOMPLISHMENTS

Work Experience Questions

1. What exactly do you do on your job? (daily, weekly, monthly basis) List 5 tasks from most important to least important.
2. Did your accomplishments result in promotion, raise or other important recognition? Quantify with numbers.
3. What important projects did you work on? Describe their purpose and your role.
4. Did you come up with original ideas implemented by your boss? department? company? Describe what it involved, your role, and the credit or compliments you received.
5. Did you train one or more employees to do something you know how to do well? Describe the nature of the task.
6. What have you done that made you feel satisfied or won praise from your supervisor, management or clients?

FORMAT OF RESUME

- A. Chronological
 1. Chronological ordering of experience
 2. Use if you are applying for job in same field as present position
 3. Makes use of contacts within the field of experience
- B. Functional
 1. Use if background is patchwork of education, experience and volunteer work
 2. Use if you hope to change careers
 3. Use if you have little or no job experience

Adapted from: The 90-Minute Resume by Peggy Schmidt, Peterson's Guides, 1990

WRITING ROUGH DRAFT OF RESUME

- I. Put check marks next to job responsibilities and accomplishments that are strong evidence that you are qualified to do that kind of work
 - A. Decide which jobs you want to provide most detail about.
 - B. Separate jobs directly and indirectly related to position sought.
- II. Consolidate responsibilities and accomplishments at each job into 3-5 concise statements.
 - A. Begin with action verbs
 - B. Use past tense for all but present job
 - C. Do not make a verb a noun
 - D. Do not end verb with -ing
- III. Compile notes from education fact sheet
 - A. If out of school for 3 or more years, include only the name of the school, the year of graduation, degree earned and academic honors
 1. Sub-headings
 - a. Honors or awards
 - b. Special Training
 - c. Course concentration or programs of study
 - d. Thesis or Research topic
 - e. Scholarships
- IV. Edit information on activities fact sheet
 - A. Possible Headings
 1. Professional affiliation
 2. Community or civic activities
 3. Volunteer work
 4. Extracurricular activities
- V. Phrases to avoid
 - A. -Responsible for
 - B. -Involved in
 - C. -Know how to
 - D. -Worked as a (job title)

Adapted from: the 90-Minute Resume, by Peggy Schmidt, Peterson's Guides, 1990

SESSION 19

- Review purpose of cover letter
 - Review elements of cover letter
 - Points of address
- I. Purpose of Cover Letter
- A. To serve as business transmittal letter for resume
 - B. To introduce you and your employment credentials
 - C. To generate employer interest in offering interview
- II. Important Elements of Cover Letter
- A. An introductory paragraph that:
 - 1. is interest generating
 - 2. states or implies employment interest
 - B. A "value selling" paragraph that:
 - 1. demonstrates your ability to be valuable to company
 - 2. highlights your key strenghts and abilities
 - C. A "background summary" paragraph that:
 - 1. briefly summarizes your educaiton
 - 2. briefly summarizes your experience
 - D. A statement that suggests "follow-up action"
 - E. A statement of appreciation
- III. Specific Points of Address
- A. Introductory Paragraph
 - 1. Use of personal contact
 - 2. Use of specific company knowledge
 - 3. Use of a sincere compliment
 - B. Value Selling Paragraph
 - 1. Results achieved and contributions made in other firms
 - 2. Aid in helping the employer initiate the evaulation process
 - C. Background Summary Paragraph
 - 1. Synopsis of relevant experience and education
 - 2. Convey to employer that you have appropriate training
 - D. Action Statement Paragraph
 - 1. Urge employer to take action
 - 2. Tell employer that you intend to take action
 - E. Statment of Appreciation
 - 1. "Thank you for your consideration"
 - 2. "I appreciate your consideration of my credentials and look forward to hearing from you."

Adapted from: The Perfect Cover Letter, by Richard H. Beatty, John Wiley and Sons, New York 1989

SESSION 20

- Elements of "bad" cover letter
- Reply to Advertisement/cover letter
- Evaluation

I. Discuss elements of "Bad" Cover Letter

- A. Poor overall appearance
- B. Poor grammar, punctuation and/or spelling
- C. Lack of focus
- D. Self-focused, instead of Employer-focused
- E. Uninteresting, boring text
- F. Gross exaggeration
- G. Aggressive or pushy tone
- H. Self-depreciation

II. Student writing assignment

- A. Select job advertisement from newspaper Employment Section
- B. Write cover letter to accompany resume

III. Evaluation process

- A. Peer evaluation (if suitable)
- B. Outline elements on flip chart to be compared to student writing (visual guidelines)
- C. Teacher evaluation
- D. Student rewrite of assignment during next class

SESSION 21

- Complete evaluation of student writing of cover letter
- Complete Chapter 6 of The Building Blocks of Business Writing

- I. In-class writing/evaluation
 - A. Check what has been previously written by students
 - B. Bring recurring errors to students' attention
 - C. Suggest previously studied chapters of text for review
 - D. Individual attention to areas of student difficulty
- II. Refer to Chapter 6 of The Building Blocks of Business Writing
 - A. Style = Characteristics of person's writing
 1. Messages are clear and readable
 2. Messages make a good impression
 3. Messages must please the reader as well as the writer
 - B. Type of Writing Styles
 1. Relaxed, natural and friendly
 2. Stiff, phony and cold
 - C. How to develop Style (develop list with class)
 1. Develop brief list of goals
 2. Review these goals every time you write
 3. Strive for Economy, Simplicity and Clarity
 - D. Discuss "Four Pitfalls of Business Writers" in Building Blocks of Business Writing pp 62-66
 1. Read exercises and discuss with students problems they encounter in their everyday writing
 2. Make a student generated list of cliches
 - a. "the bottom line"
 - b. "at this point in time"
 - c. "interface"
 - d. "pursuant to"
 - e. "input/output" (unless used as part of a description of clinical nursing duties)

SESSION 22

- Evaluation of Course
- Student Evaluation

I. Evaluation of Course

- A. Informal/formal, anonymous written evaluation by students, critiquing: teacher, course content, materials, class environment.

II. Student Evaluation (use any GED Writing Skills Part I post-test) and workplace-related exercises

- A. Culminating activity of material covered in course
- B. Discuss results with each student

III. Discussion of Review Items

- A. Individualized attention
- B. Group discussion if warranted
- C. Reteaching of concepts not initially comprehended by students

IV. Rewrites of previous assignments

- A. Review writing progress
- B. Discuss degree of improvement
- C. Compare first writing sample to last assignment completed in class (see student writing portfolio)

V. Discussion of Closing Activity

- A. Distribute certificates
- B. Refreshments and culminating activity

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MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

COMMUNICATIONS CURRICULUM

OBJECTIVE: The communications curriculum is designed to enhance the student's overall communication capability in a variety of workplace situations and settings.

OVERVIEW

The schedule of classes for the communications program can be compared to a menu from a Chinese restaurant. Administrators and learners may choose various combinations from any column, mixing and matching to fit the time available and the interests, or needs, of the learners.

The classes will provide improved skills in both written and verbal communication, using workplace experiences. The class recognizes that a non-professional hospital worker communicates on a regular basis with a diverse network of people during the course of the work-day.

- Co-workers
- Friends, who are also co-workers
- Supervisors
- Patients
- Representatives from outside the hospital (vendors, patients' families, insurance representatives, etc.)
- Hospital administrators.
- Union representatives

The experience of the current Maryland Hospital Skills Enhancement Program also shows that, within the inclusive description of "non-professional hospital worker", there are widely varied communication skills and needs. For this reason, the classes will attempt to address all levels of communication, both formal and informal.

It is recognized that the learners not only initiate communication but also receive them, therefore, instruction is offered on receiving information and on transmitting information from one worker to another.

The goal is to improve communication skills, written and verbal, in both directions; communications which the worker makes and which the worker receives. In some classes there will be instruction in visual communication; how to enhance a speech using wall charts or other visual aids.

The method of instruction will vary depending upon the subject and the instructor. In all classes however, there will be reading material, classroom instruction and role-playing scenarios based on actual workplace experiences. In some of the Verbal Communication classes, learner may be videotaped.

The instructor may assign some homework, but each student will be asked to bring to class examples of both "good" communication (which clearly addresses the subject or makes the point) and "bad" communication (which only serves to increase confusions and/or stress concerning the subject). These examples will preferably be from the workplace and are requested so that the learners will become more aware of the quality of communication which surrounds them in their workplace.

SUGGESTED MODULES

I. MY COMMUNICATION'S NETWORK 2 - 4 HOURS:

The opening class for any schedule, asks the learner to list all of the people/sources with whom they communicate during the course of the workday. Each level of communication requires different skills, judgement and decisions, most of which are made unconsciously. Each will be explained, as well as the phrases "thought process", "critical thinking" and "problem solving".

II. BASIC WRITTEN COMMUNICATION 8 - 24 HOURS:

This is the comprehensive class in written workplace communication, covering a range including written telephone messages and brief instruction; memos for internal use; and forms/letters/correspondence to recipients outside the hospital. Learners will be given situations designed to improve their reading comprehension and will create written material which, with the student's permission, will be discussed by the class for form and content.

III. BASIC SPOKEN COMMUNICATION 8 - 24 HOURS:

This is the comprehensive class in verbal workplace communication, covering a range including personal discussion with a co-worker; how to resolve potential low-level problems (ex: one-on-one discussions with a supervisor or administrator); conducting small group meetings; or giving a speech to a larger, more comprehensive, group. The preparation necessary for speaking and methods of delivery will be stressed. The learners will, ideally, be videotaped and will then critique their own "performance".

It is recommended that for Modules II and III, that the learners focus on topics of interest to them, depending upon the time available; e.g., if only four weeks are allotted, one area of concentration should be chosen.

IV. WORKPLACE INSTRUCTION - GIVING AND RECEIVING 4 - 12 HOURS:

In even the smallest workplace or department, there are countless instructions back and forth. Getting and giving information correctly is essential for a job to get done properly, yet instructions are often garbled or incomplete. The classes will focus on actual situations, stressing how to ask questions and how to make certain that they are transmitting instructions from one worker to another and exercises in writing notes, passing on telephone messages and writing brief memos.

V. **WORKING THE PHONE 4 - 6 HOURS:**

The telephone is a vital communications link in any hospital since so much workplace activity depends upon fast communication. Therefore the importance of being able to use the telephone effectively cannot be over-stressed. This class will cover both giving and receiving telephone information--taking messages and distributing them correctly. Also, how to deal with "The Other Person", that unseen figure on the far end of the line, whose first impression of the hospital may be formed upon the learner's performance. Ideally, there will be some audio-taping of exercises so that learners can listen to and critique their own performance.

VI. **NOTE-TAKING, TEST-TAKING AND MEMORY ASSISTS 4 HOURS:**

This class provides special attention to methods for absorbing and retaining material which may be distributed during a workplace meeting. Learners will learn "tricks" to enhance memory skills and will learn how to keep track of enhance memory skills and will learn how to keep track of vital information given out in long presentations.

VII. **RESUME WRITING 6 HOURS:**

As the work world changes, our jobs and our personal needs change along with it. This class will prepare the worker for change and will help the learner present themselves in the best possible way when applying for another position. There will be a discussion on the elusive "cover letter" and each learner will leave with a complete resume.

VIII. **I LOVE MY FRIENDS, BUT... 6 HOURS:**

We all make new friends at work, and sometimes they do things which make us mad or make our work tougher. As hard as it may be to believe, we do the same to them. This class will provide assistance in informal resolution of some of the problems, so that the problem can be resolved and we can remain friends. It will also cover welcoming a new worker to your department or the situation of being a new worker in a strange department.

IX. **WORKPLACE PROBLEMS: HOW TO EXPRESS THEM 6 - 12 HOURS:**

Are we victims at work or do we just feel that way sometimes? Often, talking about your problems, and occasionally writing about them, may present a solution. This class will focus on methods of resolving difficult and sometimes stressful situations that we all encounter -- and sometimes create! These may include: problems at home that we bring into work; problems with a co-worker or with an assignment; or disagreements over changes at work.

The class will discuss general methods of resolving problems but must avoid "taking sides" or discussing specific and/or current problems in any hospital.

In units covered by union contracts, a distinction will be made between grievances which arise under the contract and gripes, which can be settled informally among co-workers.

MY COMMUNICATIONS NETWORK

Objective: Upon completion of this module, the student will be able to differentiate between the types of communication used during the workday and will have knowledge of effective and ineffective communication.

Overview:

This module is the introduction to the subsequent modules and will focus on the different methods of communication (spoken and written) that are developed and used during a normal workday.

Please emphasize that this course is an introduction to more specialized communications courses, and that the skills learned in this short course will be a foundation for the more demanding, and longer, course that are available.

It is helpful at the opening of class to pass out the M. H. S. E. P. Communications Log -- see attached--("often copied ; but Nevah duplicated!") and to point out the various spoken communication possibilities that they are being asked to record.

Indicate that the class will give more attention to spoken communication, since most workplace communications are not written. Briefly emphasize the importance of giving and receiving written communications; explaining that the M. H. S. E. P. offers other courses in written communication. Ask for examples of written communications that the learners have received, or which are posted for their information (payroll notices, insurance forms, social notices, etc.).

Stress that most spoken communications are conducted unconsciously -- that is, we don't think about what we are going to say, how we are going to say it, or what effect we will have on our listener (s).

Introduce the book The Art of Communicating by Bert Decker, which will be the recourse book for the class. Learners may find the book confusing and full of gobbledegook (left brain? right brain? "c'mon let's get practical!") but the instructor can translate and will find that some of the exercises (p. 29 - 30 for example) can be helpful and fun to do. This book deals exclusively with spoken communication.

The book is a good instructor's guide and you will have to gauge the level of your learners to see how much of it they can follow on their own. The deficiency of this book is that it visualizes each situation as a sort of "crisis": you need to make a big sale, a big speech, deal with a reprimand, etc., when in

fact, most workplace communication is low level and informal -- important but not a crisis. In short, the typical workplace exchange is dozens of words, but not a fullblown presentation in a formal or structured setting.

Another resource is the column "Working Women" by Niki Scott, which appears every Sunday in the Home section of The Baltimore Sun, since it covers the topic of workplace communication. Even though the title indicates a focus on women, it is, in fact, unisexual.

Point out the different situations on the M. H. S. E. P. Communications Form (see below) and discuss each of them. Ask various learners to give examples of each situation.

During the first session, the instructor choose to use the following exercises as a springboard for setting class direction:

1. Describe some common communications situation: Whom do you speak with? What do you speak about?
2. Where does each one wish to improve? Have the learners describe a situation in which they were "tongue-tied", or felt that they had not gotten a point across and had caused an unpleasant response.

Going around the room with this exercise, lets thelearners introduce themselves to each other and shows them that workers at different levels of the hospital often share the same problems in communication.

The instructor then needs to discuss the term "thought process": the conscious evaluation of each bit of conversation; What was it inteded to accomplish? Did it accomplish it? How was the conversation set up?

1. Do I have a problem to resolve? Does someone else have a problem to resolve?
2. Do I have a question to be answered? Am I being asked to answer a question?
3. Do I have an instruction to be given? Am I receiving an instruction from someone else?
4. Do I want to establish a social relationship with an acquaintance? With a co-worker?
5. What were my emotions when I started the conversation? When I answer to someone else?

As you pass through these steps, it is a good time to introduce the phrase "critical thinking", that is, the ability to judge what is the best way to accomplish your objectives when several options are open.

A good exercise is to pick a simple conversation and try to determine how many different ways it might be conducted.

For example: you might say in a nice tone, "Please pass the salt"; you might scream, "Hey dummie, pass the salt!"; or you might say, "Uh, you wouldn't pass me the salt, would you?".

Most workers are conditioned to simply do what they are told, so critical thinking is an easy thing to understand intellectually, but can be a major problem to accomplish.

Written Communication: the majority of workers in a hospital receive written communications; in fact, we are generally surrounded by them and routinely ignore them. As homework, students may be asked to bring to every class an example of a written communication that originated in the workplace (notices, internal memos, written phone messages) and be prepared to discuss its effectiveness.

Students may also be asked about the written communications they issue. At this time, they may be introduced to McLean & Lyons, Writing for Workplace Success, which covers the progression of written workplace efforts.

COMMUNICATIONS LOG

<u>TIME</u>	<u>CO-WORKER</u>	<u>TYPE</u>	<u>PLACE</u>	<u>SUBJECT</u>	<u>GRADE</u>
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INSTRUCTIONS FOR THE COMMUNICATIONS LOG

Please keep track of the various conversations you have with co-workers during the course of a half-day at work.

Fill out the form following a contact with a co-worker, even if it occurs before you get to work (on the way to work-on the bus or in the car pool) and mark the approximate time the conversation occurred.

1. Note the name of your co-worker, if you know it. Otherwise, simply mark "C" for co-worker.
2. Mark "W" if the conversation is work-related. Mark "S" if the conversation is social. Mark "W/S" if the conversation combined both qualities.
3. Note where the conversation took place (bus, car, hallway, patient's room, etc.)
4. Briefly note the main subject (s) of the conversation
5. Grade the conversation (1 -- most satisfactory to 4 -- didn't do a thing) in terms of your evaluation of your success: Did you do what you wanted to do with this conversation?

This exercise leads to an examination of the thought process behind a conversation: What did you wish to accomplish? Remember, being friends and having a simple social conversation ("How 'bout them O's?") is an objective. Getting the salt when you say "Please pass the salt" is an objective. Making a major point in a big meeting is also an objective.

BASIC SPOKEN COMMUNICATIONS

OBJECTIVE: This course will improve the ability of the learners to communicate verbally with a variety of people: co-workers, both non-professional and management; patients and their families; hospital vendors and others.

INTRODUCTION: In a large hospital one may need to speak with someone without knowing who he/she is. There may be language "barriers": one of you may not use English as a first language. Often, a more important "barrier" to understanding is our unwillingness or inability to say what we mean, or not having thought through what we mean or want before starting a conversation. It may prove helpful to post the saying "Be sure brain is engaged before mouth is in motion" on the wall for the class.

RESOURCE TEXTS AND MATERIAL:

Speaking Up At Work by Catherine Robinson
and Jenise Rowenkamp

The Art of Communicating by Bert Decker

Both contain exercises and situations that can be used in class.

"Ten-step Program" by Niki Scott
(Baltimore Sun, 8/14/94) can be used for discussion

The instructor must judge which blocks to include depending upon the length of class and the interests of the learners.

Class #1: Survey the class to determine which areas are of most interest to the learners:

1. Casual conversations
2. One-on-one conversations with co-workers or supervisors
3. Telephone conversations
4. Small group meetings (participating in or leading)
5. Large group meetings (participating in or leading)

Ask each learner to describe a recent situation in which he/she was "tongue-tied": unable to express what needed to be said.

You may also do the exercise on page 43 of Speaking Up. Have two learners read the dialogue and then ask the others to answer the questions. This will give you a sense of the learners' levels of ability/attention, specifically, can they hear a conversation and then answer specific questions about it? If some of them have to have this dialogue repeated, some time will need to be spent

with them immediately talking about listening skills. Communication involves two parts to be successful: speaking and hearing. If both of these are not accomplished, the communication will not be completed.

Introduce the terms "critical thinking" and "problem solving", with examples from the dialogue. Based upon the needs and desires of the learners, the following classes can be introduced.

1. **TELEPHONE CONVERSATIONS:** Do you get the information you need and can you make yourself understood when using the telephone? The following should be emphasized:

1. a clear, pleasant voice
2. preparation-message pads/pencil/pen next to each phone
3. confidence-don't be embarrassed to ask the caller to repeat any information or to spell a name. Read back to the caller any key information for confirmation

A key learning technique is role-playing, with the learners separated and using skits ranging from simple (Robinson pp 15-20) to more complicated conversation which can be developed from the experience of the learners.

2. **ONE-ON-ONE MEETINGS:** The most difficult speaking to do because often the subject can be painful, embarrassing or threatening and all sorts of feelings and emotions make it complicated to speak openly and intelligently. Emphasize that critical thinking is very important at this point.

Start with exercises in Robinson, pp 75-81. The "Dear Abby" letter can be used as warm-up. Following this, some of the role-playing situations in the M. H. S. E. P. Workplace Problems section can be used.

The situation of a worker and a supervisor is different. Each class should examine the official procedure for resolving concerns over workplace issues, be it a hospital handbook or a collective bargaining agreement, or some combination of both. The difference between a gripe and a grievance must be thoroughly explained and understood.

Grievance: a work problem arising under the procedure, and should be handled through the grievance procedure as outlined.
Gripe: a workplace problem which seems to fall outside the contract but which affects the atmosphere of the workers.

There are exercises in Robinson, pp61-67, 112-117 and 141-148 which address this issue. Also, "For Difficult Bosses" by Niki Scott (Baltimore Sun, 8/7/94) can be used for discussion.

It should be emphasized that the learner must approach such meetings with confidence, using the critical thinking skills to

prepare for the meeting and to anticipate problems that may arise so that he/she is prepared for any direction. The learner should not let themselves be intimidated. Also, the physical aspects of a meeting (eye contact, body language and tone of voice) should be emphasized.

3. SMALL GROUP MEETINGS: conducting a small meeting is a real skill. Once again, preparation and critical thinking are essential for success. Survey the class for examples of good and bad small group meetings they have attended: what made the meeting seem beneficial; what made others seem a total bore. Keep a list of qualities on a board.

FORM/CONTENT/AUDIENCE: this triangle applies as well as to large groups, but the key in a small group is audience participation. If one knows everyone in the group, one should plan to call on each one for some point that one knows they can respond to in order to make the participant look intelligent to the others at the meeting and to give a sense of participation. (See Decker, pp. 58-65, for techniques to involve your listeners.)

If one does not know the people at a meeting, go around the room with an introductory warm-up routine (What is your name and why are you here? etc.) marking down each person's name and a couple of notes about him/her. Refer to him/her by name and history as soon and often as possible. Decide how the subject matter and audience match up and stress the connections. The style of presentation should be as informal as possible, in order to maintain a pleasant tone/atmosphere in the room.

4. PUBLIC SPEAKING: in front of a large group: This skill is not just one of overcoming fear and uncertainty: it involves all of the processes of "critical thinking" and "problem solving" because the most important part of giving a good speech is in the preparation. Unlike the other forms of spoken communication, giving a good speech allows you time for preparation, and learners should make good use of the time.

To start the classes; ask the learners to tell you who they think are good public speakers and why. You will get a wide range of answers (Jay Leno ? to Jesse Jackson to a local minister, etc.), which is precisely the point: there is no one good form of public speaking. Each depends on the occasion and on the personality of the speaker. Therefore, anyone can be a good public speaker. Make a list of the qualities the learners cite as part of a good speech and urge them to try to incorporate these qualities (ex.: sincerity, believability, personality, humor, well-prepared, etc.) in their own speeches. Also, ask for examples of bad speakers, with discussions of what made them bad (ex.: too long, rattled change in their pockets, intoxicated and aggressive, etc.).

Introduce the Speakers Triangle: Form, Content and Audience; the three legs, none of which can stand without the other.

- A. **FORM:** How you say it. Is it a casual performance, with humor and consistency, or is it a "stem-winder", designed to "rev up" your audience?
- B. **CONTENT:** What you say. Proper organization, almost like a writing sample, is most important. Start out by starting your position, then give some reasons to support your position. Close by restating your position. Since you are discussing personal experiences in the following class exercises, be sure to include some personal experiences. Statistics are also helpful in supporting an argument. These can be obtained from a newspaper or at the library.
- C. **AUDIENCE:** Most important is to know your audience, so that you do not end up speaking to yourself, for yourself. What does the audience know? What assumptions do you share, so that you do not have to waste their time by repeating? What do you want them to learn from your presentation? What is their mood?

Discuss general speakers presentation: eye contact, use of notes, posture and dress, hand movements. Offer copies of "Speaking Volumes", by Linell Smith (Baltimore Sun, 8/10/94).

Emphasize that in public speaking, learning by doing is the only way to improve. Mention this anecdote: We all know that Martin Luther King, Jr. was a gifted speaker and most people think he was born with an innate ability. In fact, he studied public speaking for several years at a graduate school level and, as a young minister, before becoming involved in the civil rights movement, he would give as many as five sermons per Sunday at different small churches in Montgomery. "Practice makes perfect"!

Assign each student homework: prepare a three-minute speech on the topic; "Why I like/dislike living in Baltimore". Each student is to give his/her speech to the class with discussion about the speech to follow.

Assign a second speech as homework: prepare a three-minute speech on "Am I getting my time's worth from the MD. Hospital Skills Enhancement Program?" and plan to videotape the presentation if possible. Play the tapes back after each speech and let each speaker describe how he/she thinks he/she has improved over the first speech and to what he/she needs to pay particular attention to.

WORKPLACE PROBLEMS

OBJECTIVE: the course will help the learners to analyze and control the problems of the workplace, where we spend the majority of our waking hours.

Many questions: using critical thinking--that is, the ability to intelligently understand a problem and look for a range of solutions--the most important task is to determine: what is the real problem? If a learner can isolate a problem, then s/he can deal with it.

The big question: what is bothering me?

Is it a work problem?

Is it a problem at home that I am bringing in with me?

Is it a problem I can solve?

Or is it something--like a long-term illness in the family that I will have to live with?

The class will try to help learners recognize problems, find solutions and learn to look for assistance and support from co-workers. The class emphasizes resolving problems quickly, so that things don't fester, creating other unpleasant situations.

The resource books for this class are Managing Disagreement Constructively by Herbert S. Kindler, which has good exercises, though most of the class will be based upon role playing, and Winning at Human Resources by Edward N. Chapman.

The first class(es) will be based upon a group participation: Recent Problems I have Faced, and did I win or Lose? The learners will share discussion of events and how they were handled, trying to evaluate the success of different tactics. This discussion is a good class-builder: it helps the students to get to know each other, proves that most workers face the same problems, and demonstrates the usual hesitancy to speak up or to ask for support from informal networks at work.

The theme of the class: Don't Suffer in Silence. Life is too short!

ROLE PLAYING ON WORK PLACE PROBLEMS

In each situation, the learners will take the roles. One critical aspect of each situation is: do I tell a supervisor? If so, an additional character--to play the supervisor--will be needed.

1. Doug and Rosalie work together in an office doing clerical work. Because of the location of the office, it is individually heated and air-conditioned. Rosalie likes temperature extremes: hot in winter--75 and up--and cold in the summer--60 degrees and below. Doug is more moderate and keeps changing the thermostat. He suggests that Rosalie wear a sweater in the winter, a tank top in summer. Rosalie says that she has her rights and that the temperature should be as wants--or else.

Now what?

2. Washing the pots and pans is the worst job in dietary. For many years, the job has been rotated, so that everyone gets stuck with it on a regular basis, and everyone has agreed that it is the fairest of any system. Now Michael has been hired into the department, and Tom, the most senior person in the department, has started complaining that the current system is unfair, that Michael, as a rookie, should be forced to scrub the pots and pans every day. Tom is approaching people in the department and finally comes to you.

What do you do?

3. Donna works in the dietary department, and occasionally gets stuck with scrubbing the pots and pans, which are finished during the last hour of the shift. She hates the work, as does everyone else. Then she signs up for a class in the MHSEP, which meets--conveniently enough--during this last hour. Randolph has worked in dietary for years, and starts loudly complaining that Donna is only taking the course to get out of washing the pots and pans.

What does Donna do?

4. Bernie is having problems at home--his wife has gotten involved, you hear with another guy, there are children involved, and Bernie comes to work growling like an old bear. He looks like he has not been sleeping and makes mistakes at work. When anyone corrects him, he snaps at them and, when anyone asks if s/he can help, he mutters: "Yeah, you can help by keeping your mouth shut."

You have to work with this guy. What do you do?

5. Ruth is a Nursing Assistant on a large wing. Often, a patient will buzz for help--to be turned over, or to be changed, for example--while Ruth is busy with another patient at the other end of the wing. The patient keeps buzzing and, finally after finishing with one patient, Ruth has to hurry back to the other end to respond. She has to pass the Nurses Station, however, and sees the nurses sitting around gossiping, ignoring the patients's buzz as if they were in another world.

What can Ruth do?

6. Joanna works in the kitchen, and the hospital has just purchased a new dishwasher for pots and pans, which used to be the worst job in the department. Frankie is a know-it-all and, instead of paying attention when the new equipment is explained (or instead of taking the MHSEP program on Workplace instruction) he is checking the Orioles score. Then he loads the machine incorrectly, causing it to break. It will be six weeks before the manufacturer can get a part to replace it, so you have to go back to washing by hand.

In addition, the supervisor wants to know who broke it?

What do you do?

7. Because of security conditions outside the hospital, no one really wants to work the night shift. You are working the 3-11:30 shift, when the MHSEP notices are posted, and the Hospital Administrator announces that anyone wishing to take the class will

be assigned to first shift for the duration of the class--which could be for as long as three years.

You really want to take the class, but when you sign up, people on your shift start complaining that you are only taking the class to get off the shift.

What do you do?

8. Vassos is a security guard on second shift, and Greek is his native language. He has worked at the hospital for five years and speaks decent English. At 10 p.m., the spouse of a patient requests a wheel chair, but she is a woman from the rural south, who runs her words together, and Vassos thinks that she is demanding that he wheel her husband around. Vassos refuses, trying to explain that he has to remain at his station, and an argument follows.

Vassos makes a call on his radio for a supervisor, but makes the wrong code, and instead broadcasts a patient emergency. Ten security guards appear almost instantly. The spouse accuses them of harassment and threatens to sue the hospital.

What should Vassos do?

9. The hospital administrator tells all of the department heads at a meeting to inform their employees that the MHSEP is offering a class in the building on basic reading and math, just the subjects you want to take, and instructs them to make any necessary schedule changes to accommodate employees who want to go. Your supervisor does not make the announcement in your department, and by the time you hear about the class, it is filled.

You ask your supervisor, and he says that he can't spare anyone from the department, so it wasn't necessary to announce the class, since no one was going to be able to go.

What should you do?

10. Same situation, except you know that your supervisor really can't read, though he has been able to cover it for years. You know that he is afraid that if anyone goes to the MHSEP class, it will be a threat to his job.

You want to go. What do you do?

11. There are No Smoking signs posted throughout the hospital, and in addition, you are allergic to smoke. Susie is a nurse on your floor and you know that she is a heavy smoker. When you go into the women's room, it is filled with smoke. You have never seen Susie smoking in there, but you just know she is, and it is making you sick when you have to use the room.

What do you do?

12. Johnny has been working in the department for almost six months. He is a hard worker, cheerful and steady and seems to be picking up the work, though you know he didn't finish high school. When the annual salary reviews come around, everyone gets a 2 per cent raise. Johnny goes into the office for his appraisal, and then you hear screaming. Johnny comes out loudly yelling that all he got was a 2 cent raise, so he's quitting. He picks up his

personal stuff and storms out of the department, loudly complaining about being treated unfairly.

What would you do?

13. You know from your friends in the cafeteria that all of the supervisors have been told about the MHSEP courses starting in the building. You are interested, so you go to your department manager.

"Courses? What courses? Nobody told me about any courses," he replies. "Besides, even if there were a course, I don't know why you'd waste your time--and mind--by going. You're too old. Besides, the department is short-handed."

What would you do?

14. Nancy works on the main switchboard on the second shift, starting at 3:30, and wants to sign up for the MHSEP class which runs from 3-5, so she asks Madonna, the first-shift operator, to cover for her for the weeks of the class. Nancy has often helped out Madonna by coming in early whenever Madonna has an appointment, or doesn't feel well, or has to pick up her daughter from school, which seems to be a regular occurrence.

"Stay over? No way," says Madonna. "I can't wait to get out of this place. Besides, school is a waste of time. Look at me."

How would you handle it?

15. Bonita is a Nursing Assistant on second shift, and is very conscientious. Yet when she comes to work to begin her shift, she always finds the nurses and the assistants hanging around, waiting to punch out almost a half hour before the end of the shift.

As a result, the first shift leaves a lot of mess and work for the second shift, so Bonita and her co-workers have to hurry around to cover the extra work, as well as doing their own.

What should Bonita do?

16. Don works in the storeroom, and Mr. Quayle is his shift supervisor. He suspects that Quayle, cannot read and as a result, makes mistakes on orders. Mr. Bush, the Department Head, sent Quayle a message instructing him to regularly inventory all stores, and to let Bush know if supplies are running short and need to be re-ordered. Quayle leaves this memo for Don on Don's work bench station, with no comment.

Don assumed that the letter was misplaced by Quayle, and returns it to Bush. Quayle is furious, and claims that Don should have known what he was supposed to do, and that Don is simply trying to show up Quayle in front of his boss.

How does Don handle this matter?

17. Barbara works in a department which generally does not like the supervisor, Ms. Take. She hears at lunch from workers in other departments that a management meeting was held, the MHSEP was announced and described, and all supervisors were instructed to tell their employees about the program and encourage them to attend.

Ms. Take says nothing to any of the employees in her

department. Barbara wants to go but is afraid to upset Ms. Take.
Now what?

16. At the holiday time the employees on the floor have been pressured informally to take up a collection for the supervisor, Don Schaeffer. Schaeffer seems to be well off financially, drives a nice car, and owns a house in the country, but one co-worker, Hilary Gore, has been having some major financial problems due to an illness in the family, and it is known that she will not be able to buy much for her children.

You think the co-workers should skip the present for Schaeffer and instead put together a gift purse for Gore.

How would you handle this?

MARYLAND HOSPITAL SKILLS ENHANCEMENT PROGRAM

GRAMMAR, WRITING AND VOCABULARY REVIEW CURRICULUM

OBJECTIVE: The Grammar, Writing and Vocabulary Review Curriculum will review the basics of writing complete sentences and paragraphs with proper grammar and punctuation through frequent writing practice. Improved vocabulary and writing style will be encouraged by reading and modeling other writings, both workplace and general.

OVERVIEW

Learning to write well is like learning to hang-glide: if you don't absorb the fundamentals, something very unpleasant may eventually happen.

Poor writing, of course, is rarely fatal to writers. It does, however, result in ideas and messages blown far off course by cyclonic syntax, lost inside billowing run-on sentences, and buffeted by inappropriate punctuation. The ideal crashes far from its intended meaning.

This course provides the fundamentals needed by a beginning, or just rusty writer, to make his or her written ideas fly. There is nothing fancy here, just the basics. Students will learn what a complete sentence is and how to write one with proper punctuation and grammar. They will learn what a paragraph is and how to construct one. They'll even be taught a basic writing style appropriate for the workplace.

We'll call that workplace writing style the **STOP** method: **Short and To the Point**. It's based on the principles that the best writing uses the fewest words, not the most, and that sentences must be stopped before they run away. In fact, the elimination of run-on sentences and sentence fragments, and the correct use of punctuation will, by themselves greatly improve the clarity of students' writing. They are major objectives of this course.

The learning of grammatical rules and style must take place within the context of the students' own writing to be effective. Workbook exercises are most helpful in focusing on a specific rule of punctuation mark, but those specifics have to be applied and integrated into writing. Writing assignments should begin in the first class, and students should, if possible, keep writing continuously through the course.

Vocabulary development enhances clarity of writing, too, and can be integrated into this course. Current newspaper stories, hard news or features, provide a source of vocabulary words and an opportunity for students to read concise writing. Instructors can "white-out" punctuation from news stories and have students replace it as an exercise.

UNITS OF STUDY

Instructors should note that the material in this course is divided into "units" rather than lessons. Some units will require considerably more time to complete than others. The shorter ones allow the instructor to spend time discussing the use of dictionaries and thesauruses, or extra time for vocabulary development.

- I. INTRODUCTION TO GRAMMAR, WRITING AND VOCABULARY REVIEW
- II. TYPES OF SENTENCES
- III. COMMAS
- IV. SEMICOLONS, COLONS, AND USING THE DICTIONARY
- V. APOSTROPHES, PLURALS, AND CONTRACTIONS
- VI. QUOTATION MARKS
- VII. CAPITALIZATION
- VIII. CONFUSING WORDS, HOMONYMS, CLICHES AND REDUNDANCIES
- IX. SUBJECT-VERB AGREEMENT AND SUFFIXES
- X. PARALLEL STRUCTURE AND VERB TENSE
- XI. PRONOUNS
- XII. WRITING PARAGRAPHS

UNIT I: INTRODUCTION TO GRAMMAR, WRITING AND VOCABULARY REVIEW

Objectives

- * Understand the purpose of the course in relation to one's job.
- * Describe and write about a typical workday, including equipment use, activities, and procedures.
- * Develop vocabulary and spelling related to work of self and others.
- * Understand that a sentence is a group of words:
 - 1) expressing a complete thought;
 - 2) requiring a subject and a verb to give it action; and
 - 3) ending in a punctuation mark.
- * Understand that sentences are ended by periods, question marks, or exclamation marks.

Activities

- * Introduce yourself to the class, telling them about your background and interests.
- * Have the students introduce themselves and tell what their jobs are, how long they've worked at the hospital, why they are taking the course, and what they hope to get out of it. Find out what kind of writing they do on the job, e.g. phone messages, notes, reports, memos, letters, etc.
- * Discuss complete sentences and sentence fragments, giving several examples of each. Recommended exercises and references include:
 - Grammar Write Away: Book 2, pp. 12-16; and
 - Building Blocks of Business Writing, pp. 6-9.
- * Ask the class to write five examples of a complete sentence and five sentence fragments. Allow about ten minutes to write; then have each student read an example or two of each.

- * Introduce the **STOP** concept of writing: **Short and To the Point**. Explain that short sentences have great advantages for any writer, even a professional.

- They're easier to write.
- They're easier to read.
- They minimize the opportunity for grammatical and punctuation errors.
- Periods are always easier to use than commas.

- * Obtain a writing sample and develop a workplace vocabulary from a homework assignment. Ask the students to write at least four paragraphs about a typical workday. They should describe their activities, procedures, and any equipment used.

UNIT II - TYPES OF SENTENCES

Objectives

- * Understand the four types of sentences and the proper punctuation used to end each.
 - A **Declarative** sentence makes a statement and ends with a period (.).
 - An **Imperative** sentence gives a command and also ends with a period.
 - An **Interrogative** sentence asks a question and is finished with a question mark (?).
 - An **Exclamatory** sentence expresses strong emotion or excitement and ends with an exclamation mark (!). This type of sentence is almost never used in workplace communications.
- * Understand what a run-on sentence is.
- * Understand how to **STOP** a run-on sentence by using the correct punctuation mark.
- * Understand that a simple sentence has one subject and one predicate.
- * Understand that a compound sentence has two complete sentences joined by a comma and a connecting word. Connecting words include "and," "but," "or," "so," "yet," and "for."

Activities

- * Review the writing samples turned in. Make no corrections or criticisms on the papers, but note for your own use the areas in need of improvement.
- * Cull job-related vocabulary from the samples and create a list for discussion. Return the papers with a written compliment, e.g., "Well-organized", or "Excellent detail".
- * Discuss the types of sentences and end punctuation. A recommended reference with exercises is Daily Living, Book 4: Punctuation and Capitalization, pp. 2-23.
- * Discuss run-on sentences: what they are, why they are incorrect, and how to avoid or correct them by adding periods or changing commas to periods.

Assign exercises to be done in class and at home. Recommended references and exercises include:

- Building Blocks of Business Writing, pp. 10-16; and
 - Grammar Write Away, Book 2, pp. 28-30.
- * Discuss compound sentences and how they are constructed from two or more complete ideas. Show how a comma and connecting word create a compound sentence from two simple sentences. A recommended reference with exercises is Grammar Write Away, Book 2, pp. 32-35.
- * Obtain another writing sample. Ask the students to write about the funniest thing that ever happened to them at work. Remind them to avoid run-on sentences. This, too, will be returned to them with only a few encouraging words written by the instructor, no written corrections or criticisms.

UNIT III - COMMAS

Objective: Understand the uses of commas.

- * Commas are used between words or phrases in a series of three or more things.
- * When sentences are joined by a connecting word such as "and," "but," "or," "for," "nor," "yet," and "so," a comma is placed before the connecting word.
- * Commas are used when writing dates.
- * Commas are used in writing addresses.
- * Commas are used to set off a quotation.
- * Commas set off introductory words such as "yes," "no," "however," "well," and "oh."
- * Commas set off the name or title of a person being addressed.
- * Commas set off appositives, descriptive phrases following a noun or pronoun.

Activities

- * Return writing assignments to the class with encouraging comments only. Mention the strengths of the funny stories. Let them know that future assignments will be critiqued carefully, with written corrections and suggestions for improvements.
- * Discuss and explain the various ways commas are used. For each use, assign an exercise and go over the first few problems with the class. Assign the remainder as homework, or, if time allows, classwork. Review each exercise with the class after completion. Recommended references and exercises include:
 - Easy English: Basic Grammar and Usage, pp. 135-147;
 - Building Blocks of Business Writing, pp. 45-57;
 - Developing Writing Skills, pp. 135-146; and
 - Language Skillbook, pp. 21-23.
- * Provide several paragraphs of a current news story from a magazine or newspaper with the commas excised. Have the students put commas where they belong.

- * From the same news story, cull words for vocabulary study.
- * For a writing assignment, ask the students to write about a current event, issue or news story which either concerns them deeply or excites them. They should write at least four paragraphs. Critique for sentence structure and run-on sentences.

UNIT IV - SEMICOLONS, COLONS, AND USING THE DICTIONARY

Objectives

- * Understand that colons precede a list of things within a sentence.
- * Understand that colons are used between the hour and minutes when writing time, and after the greeting in a business letter.
- * Understand that a semicolon is used to join two closely related independent clauses.
- * Become familiar with a dictionary and proficient at extricating information from it. That would include learning symbols for parts of speech, becoming acquainted with etymology, ordering the senses of meanings, and finding synonyms and derivatives. Additionally, point out that some dictionaries provide appendices of reference material that is helpful, e.g., editorial style rules, grammar rules, and signs and symbols.

Activities

- * Discuss and explain the various uses of colons and semicolons. Recommended references and exercises include:
 - Developing Writing Skills, pp. 146-150;
 - Easy English: Basic Grammar and Usage, pp. 147-149; and
 - Language in Daily Living, Book 4: Punctuation and Capitalization, pp. 44-61.
- * Contrast the use of commas in series to the use of colons with lists.
- * Using a good dictionary, such as Webster's New World Dictionary, Third College Edition, discuss how individual entries are organized and how much information is contained therein.
- * Develop a list of prefixes, e.g., "pre," "pro," "in," "dis," "con," "anti," and "ex." Have the students research the prefixes in the dictionary. Then, develop vocabulary lists using those prefixes. Ask them to designate which of those words are work-related.
- * For a writing assignment, ask the students to write about something memorable relating to an upcoming or recent holiday.

UNIT V - APOSTROPHES, PLURALS AND CONTRACTIONS

Objectives

- * Understand how to form plurals by adding "s" or "es" to most nouns and "'s" to letters, figures and symbols.
- * Understand how to show possession by adding "'s" to singular nouns and only an apostrophe (') to plurals ending in "s", e.g., the students' books.
- * Understand what contractions are and that apostrophes replace the missing letters.
- * Understand that possessive pronouns do not require an apostrophe.
- * Understand what a thesaurus or synonym finder is.

Activities

- * Discuss and explain what plurals are. Review common contractions and how they are formed. Recommended references and exercises include:
 - Building Blocks of Business Writing, pp. 48-50;
 - Developing Writing Skills, pp. 154-156;
 - Grammar Write Away, Book 2, pp. 61-62, 73-74;
 - Language in Daily Living, Book 4, pp. 62-70; and
 - Language Skillbook, p. 26.
- * Have each student use his/her own work-related vocabulary to form plurals and possessives.
- * Take a paragraph from an employee manual or instruction book. Select key words to be replaced by synonyms and have the class rewrite the passage with synonyms researched from a thesaurus. Be sure the rewrite conveys the same meaning as the original.
- * For the writing assignment, have the students describe someone in the hospital whose work they admire (keeping the name confidential.) It could be someone they work with or someone in another department, a doctor, nurse, administrator, etc. Have them describe the person's physical attributes, his/her character, and the kind of work he/she does. Tell why they admire the work and if it is something they would like to do themselves. Have them try to use a dictionary or thesaurus to find descriptive words.

UNIT VI - QUOTATION MARKS

Objectives

- * Understand that quotation marks show the exact words spoken by someone. They are used only around the spoken words, not around the other information regarding the quote, e.g. not around "he said", ...
- * Understand that the first word of a quotation usually begins with a capital letter, as does each complete sentence within it. The exception is that when a quoted sentence is broken up by an expression such as "he said," the beginning of the second part of the quoted sentence is not capitalized.
- * Understand that single quotation marks ('...') set off a quote within a quote.
- * Understand that quotation marks surround titles of book chapters, magazine and newspaper articles, songs, television shows, short stories, and slang.
- * Be able to write dialogue or report a speaker's exact words with proper use of quotation marks and related punctuation.

Activities

- * Discuss and practice each use of quotation marks. Recommended references and exercises include:
 - Developing Writing Skills, pp. 151-153; and
 - Language in Daily Living. Book 4, pp. 71-80.
- * Provide students dialogue from a novel to see how quotations are used, and to demonstrate that each new voice (speaker) needs a new paragraph.
- * Provide passages from a current news story with quotation marks and other pertinent punctuation excised. Have students repair the damage and discuss their choices.
- * Have students write a conversation between at least two people. It could be a real conversation students had at work, home, or elsewhere. Or, it could be one completely invented. It should be at least one page long and properly punctuated.

UNIT VII - CAPITALIZATION

Objective: Understand when words must be capitalized:

- * The first word of every sentence and the first word of a quotation;
- * Proper names of persons, places, languages, races, nationalities, and specific things;
- * Names of days of the week, months and holidays, (but not the names of seasons);
- * The first word and all important words in titles of books, plays, movies, poems, television programs, magazines, newspapers, songs, and short stories;
- * Names of deities;
- * Historical periods, events, and important documents;
- * Names of specific geographic locations, (but not general directions);
- * Titles of specific people, relatives or things; and
- * Names of specific classes, (but not general subjects).

Activities

- * Discuss and explain the rules of capitalization. Recommended references and exercises include:
 - Building Blocks of Business Writing, pp. 52-55;
 - Developing Writing Skills, pp. 180-188; and
 - Easy English: Basic Grammar and Usage, pp. 150-156.
- * Develop a list of hospital job titles and department names. Discuss when they should be capitalized and when not.
- * For the writing assignment, students should imagine that they have bumped into an old friend at the Inner Harbor and started a conversation. They invite the friend to come to their home and give directions to their home from the harbor. They must write the conversation as dialogue, using quotation marks appropriately, and give detailed directions with names and descriptions of landmarks and streets. Caution them that run-ons and sentence fragments can easily creep into this assignment if they are not careful.

- * For the writing assignment, have the students think of something memorable that they did with someone else. It could be something important at work, something shocking, something adventurous on a vacation, etc. Have them write the story in detail, telling what they did, where and when it happened, with whom, and why it is so memorable. Have them include the conversations they had while it was occurring.

UNIT X - PARALLEL STRUCTURE AND VERB TENSE

Objectives

- * Understand that parallel ideas expressed in a sentence should take the same grammatical form. For example, the verb has the same form in each of the phrases in the following sentence: "On weekends I like to **sleep** late, **take** day trips, and **watch** football on TV."
- * Know how to use past, present, future, present perfect, past perfect and continuous tenses.
- * Know how to choose the correct tense to express an idea and how to use it consistently throughout the sentence or paragraph.

Activities

- * Discuss and explain parallel structure. Recommended references and exercises include:
 - Developing Writing Skills, pp. 47-56; and
 - Easy English: Basic Grammar and Usage, pp. 97-99.
- * Discuss and explain verb tenses. Recommended references and exercises include:
 - Developing Writing Skills, pp. 68-89;
 - Easy English: Basic Grammar and Usage, pp. 29-40; and
 - Grammar Write Away, Book 2, pp. 85-103.
- * For the writing assignment, have the students describe what they would do if they won \$5 million in the lottery. What would they buy for themselves? For others? Why? Would they take a trip? Where? Why there? Would they give the money away? To whom? Why? What has happened to them in the past that they could change with the money?

UNIT XI - PRONOUNS

Objectives

- * Know that a pronoun is used in place of a noun and must agree with its antecedent.
- * Know that there are several kinds of pronouns:
 - Demonstrative - this, that, these, those;
 - Indefinite - all, none, each, neither, someone, etc.;
 - Interrogative - who, what, which, whose, etc.; and
 - Personal - I, you, he, it, we, they, them, her, us, etc.
- * Know that all pronouns are subject to the same rules of agreement.

Activities

- * Discuss and explain the different types of pronouns and how to choose one to agree with its antecedent (or the noun it is replacing). Recommended references and exercises include:
 - Developing Writing Skills, pp. 99-112;
 - Easy English: Basic Grammar and Usage, pp. 12-17; and
 - Grammar Write Away, Book 2, pp. 133-138.

UNIT XII - WRITING PARAGRAPHS

Objectives

- * Understand that a paragraph is a group of related sentences.
- * Understand how a paragraph is organized.
- * Know how to use transition words.
- * Know how to write a topic sentence.

Activities

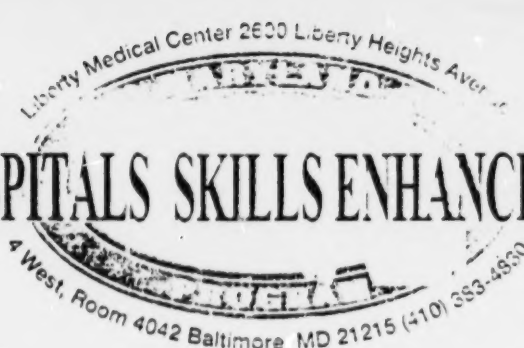
- * Discuss and explain the above basics of paragraph writing. Recommended references and exercises include:
 - Clear Writing, pp. 71-80; and
 - Developing Writing Skills, pp. 198-217.
- * Examine newspaper editorials and op-ed pieces for structure. Discuss why the topic sentences are good or weak. Identify transitional words.
- * For the writing assignment have the students, in at least five paragraphs, persuade a co-worker that good writing skills are important to him/her.

OR

Persuade a spouse/companion that the student's choice of a vacation spot is more appealing than the spouse/companion's.

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HOSPITALS SKILLS ENHANCEMENT

INTRODUCTION TO MEDICAL TERMS

DEVELOPED BY JEAN H. SMITH
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1994

528

Administered by Essex Community College Baltimore, MD 21237



MEDICAL TERMS
TABLE OF CONTENTS

1.	OBJECTIVES.....	1
2.	HOSPITAL PATIENT CARE AREAS.....	2
3.	HOSPITAL DEPARTMENTS.....	4
4.	MEDICAL SPECIALISTS.....	7
5.	WORD ELEMENTS/ROOT WORDS.....	11
6.	SURGICAL SUFFIXES.....	15
7.	DISEASES AND CONDITIONS.....	16
8.	ADDITIONAL PREFIXES.....	18
9.	COLORS.....	20
10.	MEDICAL INSTRUMENTS AND MACHINES.....	21
11.	NUMBERS/TERMS USED FOR FREQUENCY OF TREATMENTS & MEDICATIONS.....	22
12.	READING A PRESCRIPTION.....	23
13.	BODY REGIONS/DIRECTIONS.....	25
14.	INTRODUCTION TO BODY SYSTEMS.....	26
15.	SKELETAL SYSTEM.....	28
16.	MUSCULAR SYSTEM.....	30
17.	INTEGUMENTARY SYSTEM.....	31
18.	NERVOUS SYSTEM.....	33
19.	RESPIRATORY SYSTEM.....	38
20.	CIRCULATORY SYSTEM.....	42
21.	DIGESTIVE SYSTEM.....	46
22.	EXCRETORY SYSTEM.....	50
23.	ENDOCRINE SYSTEM.....	52
24.	REPRODUCTIVE SYSTEM.....	54
25.	INTRODUCTION TO GENETICS.....	56
26.	METRIC SYSTEM.....	58
27.	ABBREVIATIONS.....	62
28.	MILITARY TIME.....	69
29.	VOCABULARY.....	71
30.	BIBLIOGRAPHY.....	74

MEDICAL TERMS

OBJECTIVES

At the end of this class student will:

1. Be aware of the types of hospital department and how they relate to patient care.
2. Know how to use a medical dictionary and health encyclopedia.
3. Be aware of the various physician specialties.
4. Understand and recognize the parts of a medical term.
5. Be able to recognize the root words for many body parts.
6. Be able to recognize common prefixes and suffixes.
7. Be able to attack words that are unfamiliar with the skills taught.
8. Be able to recognize some common diagnostic tests and where they are performed.
9. Have a minimal understanding of the metric system and how it applies to a hospital environment.
10. Be familiar with some common abbreviations.
11. Have an introductory knowledge of body systems and their functions.

HOSPITAL PATIENT CARE AREAS

MEDICAL HALL

For the care of patients with medical problems. Some may be specialized for the care of patients with cancer (oncology), elderly (geriatrics), or renal (kidney) and heart (cardiology) problems.

SURGICAL

For pre-operative and post-operative care of patients. Orthopedics may be considered a specialized hall for surgical patients.

PEDIATRICS

For children and young adults 18 years old and under.

LABOR AND DELIVERY

For childbirth.

FULL TERM NURSERY

For healthy new born infants.

POST PARTUM

For mothers to recuperate from childbirth.

INTENSIVE CARE UNIT

For the care of patients who require close observation and cardiac monitoring and sometimes use of a ventilator.

PICU Pediatric Intensive Care Unit
MICU Medical Intensive Care Unit
CCU Coronary Care Unit
SICU Surgical Intensive Care Unit
NICU Neonatal Intensive Care Unit

STEP DOWN UNIT

A nursing hall that may provide cardiac monitoring or other technical assistance. Often, the nursing/patient ratio is less than a regular hall, but more than an intensive care unit.

EMERGENCY ROOM

For the treatment of conditions requiring immediate attention due to sudden illness, or trauma. Many patients are treated and released in the same day.

PEDIATRIC EMERGENCY ROOM For children.

CHEST PAIN EMERGENCY ROOM Provides treatment for those patients who may have heart problems.

TRIAGE AREA A section of the emergency room. The triage nurse determines which patients require immediate care.

OPERATING
ROOM

For surgical procedures.

RECOVERY
ROOM

Also called the PACU (Post anesthesia care unit). For the care of patients recovering from anesthesia usually from surgical procedures.

AMBULATORY
SURGICAL
CENTER

For surgical procedures that do not require a hospital recovery.

HOSPITAL DEPARTMENTS

PATIENT RELATED:

<u>AUDIOLOGY</u>	Performs hearing evaluations.
<u>CARDIOLOGY</u>	Performs diagnostic tests for the heart. A few examples would be EKG'S, echocardiograms, stress testing.
<u>CHAPLAINCY</u>	Serviced by ministers, priests, and rabbis who minister to the spiritual needs of patients.
<u>DIETICIAN</u>	Has been trained in nutrition. Works with the physician in developing special diets, nutrition consultation with patients, and tube feedings.
<u>DIALYSIS</u>	Removes waste from the body. Used when the kidneys are not functioning properly.
<u>ENDOSCOPY</u>	Performs testing on the gastrointestinal area. This department is often called the GI department.
<u>HOSPICE</u>	Counsels and helps the family and the terminally ill patient.
<u>NEUROLOGY</u>	Performs studies on the brain and nervous system.
<u>OCCUPATIONAL AND PHYSICAL THERAPY</u>	Utilizes hydrotherapy, heat therapy, cold therapy, exercise, and massage for rehabilitation. Speech therapy may also be included.
<u>PHARMACY</u>	Provide medications, intravenous solutions, and hyperalimentation solutions.
<u>RADIOLOGY</u>	One of the largest departments. May include x-rays radiation oncology, nuclear medicine, CAT scan, and MRI.
<u>RESPIRATORY THERAPY</u>	Treats patients with breathing problems.
<u>ULTRASOUND</u>	Use of ultrasonic sound directed into a body structure.

<u>ACCOUNTING</u>	Consists of two areas, patient's accounts and financial accounts.
<u>ADMITTING</u>	Acquires patient data for admission form including insurance and consent. Assigns patients beds and transports patient to receiving hall.
<u>AUXILIARY</u>	Trains and assigns volunteers. Candy strippers are high school students who assist on nursing halls. They pass out water pitchers, run errands, help patients who are discharged. Adult volunteers work in all areas including possibly managing the gift shop. Volunteers are very important to hospitals.
<u>BIOMEDICAL ENGINEERING</u>	Maintains all patient care equipment. Also makes recommendations on purchasing and design of equipment.
<u>BUSINESS OFFICE</u>	Provides service related to insurance, billing, and collection of payments.
<u>CENTRAL SUPPLY DEPARTMENT</u>	Includes purchasing, and maintaining inventory of all hospital supplies. <u>Sterile supply</u> is the area where reusable equipment and supplies are sterilized and kept in a sterile environment until needed by patients.
<u>COMMUNICATIONS</u>	Telephone operators who answer incoming calls at the main hospital line. She also contacts personnel through long range paging systems, and makes announcements over the in-hospital intercom.
<u>DIETARY</u>	Provides meals for patients. This includes menu planning, and providing meals for patients on special diets.
<u>DISCHARGE PLANNING & SOCIAL WORK</u>	Active with nursing home placement, home health care needs, and as a resource for patient's family.
<u>HOSPITAL INFORMATION SYSTEM</u>	Maintains all computer systems in the hospital.
<u>HOUSEKEEPING</u>	Keeps the hospital clean. This includes the patient's rooms and all areas of the hospital. Often called Environmental Services.

LABORATORY

Staffed by technologists and technicians who perform diagnostic studies on a variety of body specimens.

LAUNDRY

Cleans all of the hospital linens. Some linens may need special treatment due to possible allergic reactions of the patients.

MAINTENANCE

Responsible for keeping the hospital and its surroundings in good condition. The Engineering department provides maintenance of heating, air conditioning, water, power and sewage systems.

MEDICAL
RECORDS

Library of permanent records of patients who have been treated in the facility. They must be accurate, carefully coded, analyzed, indexed and filed.

MEDICAL STAFF

Consists of doctors who have passed the state board examinations and licensed to practice. They are responsible for the diagnosis and treatment of patients in the hospital.

HUMAN
RESOURCES

Interview applicants for jobs, check references etc. They are also knowledgeable on administrative policies and employee benefits.

NURSING

Takes care of patients and follows orders the physician has written. May have others helping them such as nursing assistants and technicians.

PUBLIC
RELATIONS

Creates hospital brochures. Helps organize and advertise health fairs and other community events. Works with the media when a public figure has been admitted as a patient.

SECRETARY

Works in all hospital areas. Unit secretaries work on the nursing units, transcribing doctor's orders.

SECURITY

Provide protection for employees, patients, and visitors. May also help with combative patients.

SUBSTANCE
ABUSE
COUNSELING

Provides counseling services for patients with drug and alcohol problems.

TRANSPORTATION

Often called Escort Services. Provides transportation of the patient to and from the units.

MEDICAL SPECIALISTS

SUFFIX

LOGY - STUDY OF

OLOGIST
IST
IATRIST
ICIAN
ER

PERSON WHO PRACTICES
THE SCIENCE. MAY NOT
NECESSARILY BE ALL
PHYSICIANS.

PREFIX	ROOT WORD	SUFFIX	
	ALLERG	IST	ALLERGIST - Physician skilled in the diagnosis and treatment of allergic diseases.
AN (WITHOUT)	ESTHESIA (FEELING)	OLOGIST	ANESTHESIOLOGIST - Physician who specializes in the administration of a drug or gas that produces loss of sensation to pain and sometimes loss of consciousness.
	CARDI (HEART)	OLOGIST	CARDIOLOGIST - Physician: Heart Specialist
	DERMA (SKIN)	OLOGIST	DERMATOLOGIST - Physician: Skin Specialist
	ENDOCRIN	OLOGIST	ENDOCRINOLOGIST - Physician who specializes in diseases related to the endocrine glands.
	GASTRO (STOMACH) ENTER (SMALL INTESTINE)	OLOGIST	GASTROENTEROLOGIST - Physician who specializes in diseases and disorders related to the digestive tract.
	FAMILY PRACTITIONER (NO ROOT OR SUFFIX)		Physician who treats all members of the family regardless of age or sex.
	GERI (ELDERLY)	ATRIST	GERIATRIST - Physician who specializes in the diseases related to the elderly patient.
	GYNE (WOMEN)	OLOGIST	GYNECOLOGIST - Diagnoses and treats disorders of female reproductive organs. Most gynecologists are also surgeons.
	HEMA (BLOOD)	OLOGIST	HEMATOLOGIST - Pathologist who studies in the study of blood cells and the blood-forming mechanisms of the body

PREFIX	ROOT WORD	SUFFIX	
	INTERN	1ST	INTERNIST - Physician who specializes in the diagnosis and treatment related to the internal organs without the use of surgery. May also serve as a primary care physician.
NEO (NEW)	NAT (BIRTH)	ALIST	NEONATALIST - Physician who specializes in the diagnosis and treatment of newborn babies with problems.
	NEPHR (KIDNEY)	OLOGIST	NEPHROLOGIST - Physician who specializes in diseases related to the kidney.
	NEUR(O) NERVE	OLOGIST	NEUROLOGIST - Physician who specializes in the diagnosis and treatment related to the brain, spinal cords and nerves.
	NUCLEAR PHYSICIAN (NO ROOT OR SUFFIX)		Physician who specializes in nuclear medicine.
	OBSTETRICIAN (NO ROOT OR SUFFIX)		Physician who specializes in the treatment of women during pregnancy, labor, and post partum.
	ONC (TUMOR)	OLOGIST	ONCOLOGIST- Physician who specializes in the diagnosis & treatment of cancer patients.
	OPHTHALM (EYE)	OLOGIST	OPHTHALMOLOGIST - Physician who specializes in the diagnosis and treatment of patients with eye problems. Treatment frequently includes surgery.
	ORTH (STRAIGHT)	OPEDIST	ORTHOPEDIST - Surgeon who specializes in diagnosis and treatment of problems related to musculoskeletal system.
	OT/(O) EAR LARYNG (O) (LARYNX)	OLOGIST	OTOLARYNGOLOGIST - Physician and surgeon who specializes in problems related to the ear, nose and throat. (ENT).

PREFIX	ROOT WORD	SUFFIX	
	PATH (DISEASE)	OLOGIST	PATHOLOGIST - Physician who specializes in laboratory science. Most specialize in the cause of disease.
	FORENSIC PATHOLOGIST (CORONER)		Specializes in the cause of death.
	PED (CHILD)	IATRICIAN	PEDIATRICIAN - Specializes in the developing child and treatment of disease in children.
PERI (AROUND)	NAT (BIRTH)	ALIST	PERINATALIST - Physician who specializes in problem pregnancies. May also specialize in fertility problems.
	PHYSIATRIST (NO ROOT SUFFIX)		Physician who specializes in the diagnosis and treatment of neuromuscular diseases utilizing physical aids and various types of rehabilitative measures.
	PROCT (RECTUM)	OLOGIST	PROCTOLOGIST - Physician who specializes in the diagnosis and treatment of diseases related to the rectum. Treatment frequently includes surgery.
	PSYCH (MIND)	IATRIST	PSYCHIATRIST - Physician who specializes in the diagnosis and treatment of mental and emotional disorders.
	RAD (RADIUM)	IOLOGIST	RADIOLOGIST - Physician who specializes in the use of radiant energy in diagnostic and therapeutic procedures.
	RHEUMATIC (PERTAINING TO GENERAL FEELING OF MUSCLE AND JOINT STIFFNESS)	OLOGIST	RHEUMATOLOGIST - Physician who specializes in diagnosis and treatment of rheumatic disease including arthritis, gout and others.
	SURGEON (NO ROOT, SUFFIX OR PREFIX)		Physician who specializes in the diagnosis and treatment of disease using surgical procedures. Many specialties exist within this specialty.

PREFIX	ROOT WORD	SUFFIX	
	SPORTS MEDICINE		Concerned with prevention and treatment of injuries related to sports.
	TRAUMA	TOLOGIST	TRAUMATOLOGIST - Physician who specializes in Emergency Room medicine.
	UR (URINE)	OLOGIST	UROLOGIST - Physician who specializes in diagnosis and treatment of problems related to the urinary tract.



WORD ELEMENTS



WORD ELEMENTS

Medical words are composed of word parts that generally have Latin or Greek origins. A student can determine the meaning of a word by learning the meaning of its word parts.

ROOTThe body or main part of the word and denotes the meaning of the word as a whole.

PREFIX Always added to the beginning of a root. A prefix could change or add to the meaning of the word.

SUFFIX Always added at the end of the root. It could also change or add to the meaning of the word.

COMBINING VOWEL Added sometimes between elements for ease in pronunciation. The vowel is usually an O.

COMPOUND WORD Two or more root words together. The resulting word describes the disease or treatment more accurately. May also contain a prefix, or suffix.

ALPHABETICAL LIST OF WORD PARTS
ROOT WORDS

abdomin/o	abdomen
aden/o	gland
an/o	anus
andr/o	man
angi/o	vessel (lymph, blood)
append	appendix
appendic/o	appendix
arteri/o	artery
arthr/o	joint
bronch	bronchus
cardi/o	heart
carp	wrist
cephal/o	head
cerebr/o	cerebrum (part of the brain)
cheil/o	lip
cholecyst/o	gallbladder
choledoch/o	common bile duct
chondr/o	cartilage
col/o	colon (large intestine)
cost/o	rib
crani/o	cranium (skull)
cyst/o	bladder
dent/o	tooth
derm/o	skin
dermat/o	skin
duoden/o	duodenum (small intestine)
encephal/o	brain
esophag/o	esophagus
gastr/o	stomach
gloss/o	tongue
gnath	jaw
gyne	woman
hem/o	blood
hepa, hepat/o	liver
hyster/o	uterus
ile/o	ileum (small intestine)
irid/o	iris
kerat/o	cornea of eye; horny substance
lamina	thin flat part of vertebra
lapar/o	abdomen
lingua	tongue
lip	fat
lobe	lobe, as of lung
mast/o, mamm/o	breast
my/o, myos	muscle
myel/o	spinal cord; bone marrow
myring	eardrum
neur/o	nerve

nephr/o
onych/o
oophor/o
ophthalm/o
orchi/o
osse/o
oste/o
ot/o
pancreat/o
ped
pelv/i
pharyng/o
phleb/o
phren
pleur/o
pneum/o
pod
proct/o
prostat/o
psych/o
pub/o
pyel/o
rect/o
ren/o
rhin/o
sacr/o
salping/o
soma
splen/o
spondyl/o
steth/o
stomat/o
tars
ten/o, tend/o, tendin/o
thorac/o
thyr/o
trache/o
tympan/o
ureter/o
vas/o
ven/o

kidney
nail
ovary
eye
testicle
bone
bone
ear
pancreas
foot, child
pelvis
pharynx
vein
mind
lining membrane of chest cavity
lungs
foot
rectum, anus
prostate gland
mind
pubes (pubic bones)
pelvis of kidney
rectum
kidney
nose
sacrum
fallopian tube or eustachian tube
body
spleen
vertebra
chest
mouth
ankle
tendon
thorax (chest)
thyroid gland
trachea
eardrum
ureter
vessel
vein

SURGICAL PROCEDURES
SUFFIXES

ectomy	to excise or cut out surgically
o/lysis	destruction, to separate out
o/lytic	
o/lyzed	
ostomy	a new permanent opening (to outside of body)
otomy	cutting into (making an incision)
orrhaphy	surgical repair
opexy	fixation or suturing
oplasty	plastic surgery (surgical reforming or molding to improve function) to relieve pain; for cosmetic reasons
ocentesis	surgical puncture to remove fluid
otripsy	crushing, destroying

DISEASES AND CONDITIONS

ROOT WORDS, SUFFIXES, PREFIXES

algia	pain
cele	rupture, swelling, or hernia
cryp	cold
crypt	hidden
gravid	to bear children
hydro	water
itis	inflammation of
malacia	softening
necr/o	dead (decaying)
oid	like, similar to
oma	tumor
osis, iasis	condition of
par	to bear children
partus	birth
phag/o	eating, swallowing
phasia	speech
phonia	voice
py	pus
opathy	any disease of
opia	vision
orrhea	flow or discharge
o/rrhagia	hemorrhage (blood bursting forth)
orrhea	flow or discharge
orrhexis	to break open

paresis	weakness
path	disease
plasia	growth (cells)
plegia	paralysis
pnea	breathing, air, lungs
ptysis	to spit
schizo	split
sclero	hardening
spasm	spasm, contraction, twitching
stasis	slowed down (sluggish)
therapy	treatment (to cure or alleviate symptoms)
therm	heat
thrombo	clot
trophy	development

ADDITIONAL PREFIXES

a, an, ar	not or without
ab	away from
acro	extremities, top or extreme point
ad	toward, near
aero	air
ante	before, forward
anti	against
brady	slow
contra	against or not
de	take away, remove
dia	through (as in running through)
dis	from
dys	painful or difficult
eu	good, easy
hemi	half (one side)
hetero	different
homo, homeo	resemblance or sameness
hyper	too much, high
hypo	not enough, low, or under
inter	between
intra	within
iso	equal, same
mal	bad, poor
megalo, megaly	large (enlarged)
meno	menstruation

multi

noct

pan

poly

pre

post

pro

re

sym, syn

tachy

ur, uro

many

night

all, every

many, much

before

after, following

preceding, coming

to put back

going together, united

fast

urine

COLORS

<u>ROOT WORD</u>	<u>MEANING</u>	<u>EXAMPLES</u>
chromo	color	chromosome soma= body
cyano	blue	cyanosis condition of blueness
cirrh	orange	cirrhosis describes the color of the liver with this disease
erythro	red	erythrocyte red cell
rub	red	rubella
leuko	white	leukocyte white blood cell
alb	white	albinism
melano	black	melanoma "black tumor" highly malignant tumor of the skin that metastasizes
xanth	yellow	xanoderma "yellow skin"
polio	gray	poliomyelitis inflammation of the gray matter of the spinal cord

MEDICAL INSTRUMENTS AND MACHINES

o/scope instrument for looking into

o/scopy procedure using a scope

Most scopes have a light at one end. It is inserted into an opening, and the light allows the physician to see deep into the cavity or organ.

There are three exceptions. A fetoscope is for listening to the heart of a fetus. A speculum is used for looking into and is not a scope. A stethoscope is not used for looking. It is used for listening.

o/meter instrument that measures or counts

ometrey
imetry Procedure using the above instrument

o/graph machine that records

o/graphy diagnostic procedure

o/gram recording or "picture" produced by the above procedure

PREFIXES RELATING TO NUMBERS

uni	1
bi	2
tri	3
quadri	4
multi	many
diplo	double
ambi	both sides
semi	half or partially
primi	first

TERMS USED FOR FREQUENCY OF TREATMENT AND MEDICATIONS

Q	EVERY
QD	EVERY DAY
QS	EVERY SHIFT
QOD	EVERY OTHER DAY
QOW	EVERY OTHER WEEK
BID	TWICE PER DAY
TID	THREE TIMES PER DAY
QID	FOUR TIMES PER DAY
QHS	AT HOUR OF SLEEP

PRN	AS NEEDED
ac	BEFORE MEALS
pc	AFTER MEALS
X	FOR
STAT	IMMEDIATELY

gt	DROP
gtt	DROPS

♀	ONE
♂	TWO
♂	THREE

READING A PRESCRIPTION

Understanding a drug order is important in hospitals and at home. Every prescription has 5 components to make it complete

1. Name of drug.
2. Dosage. (How much?)
3. Route of administration. How is it going into the patient. It can be by mouth (PO), intramuscular (IM), subcutaneous (SC), intravenously (IV), sublingual, or under the tongue (SL), onto the skin (topically) or with the use of a patch, drops into the ears, eyes, or nose and suppositories.
4. Time of administration. (When?)
5. Qualifying phrase. (Why?)

Example : ASA 1 tab. PO Q 4 hrs. PRN Myalgia

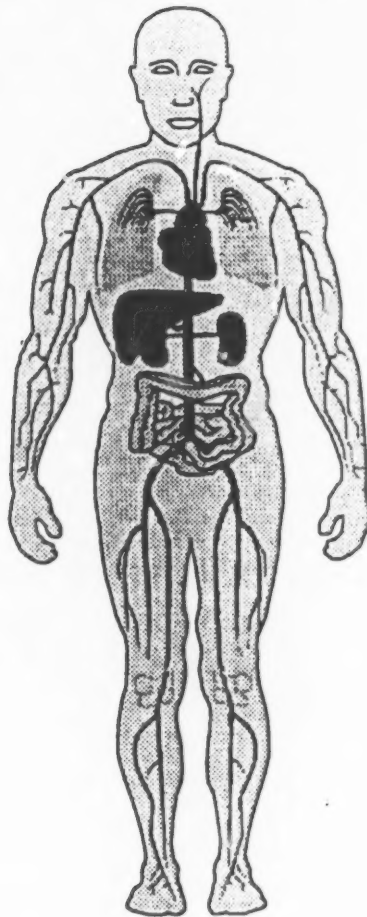
Aspirin 1 tablet by mouth every 4 hrs as needed for muscle pain

Sometimes, a large dose at once may precede the routine dosage that the physician has prescribed. This large dose may be referred to as a bolus or loading dose. This happens frequently with antibiotics. See the following example:

Gentamicin 125 mg IV bolus then
Gentamicin 75 mg IV Q 4 hrs.

Hospital pharmacies cannot provide all medications that are available. Their inventory of medications may be referred to as a formulary. If a physician orders a non - formulary medication, the pharmacist may recommend a medication that they have.

Anatomy



REGIONS AND DIRECTIONS IN THE BODY

Anatomical position - person is standing straight, facing you with palms out and feet together

Anterior - toward the front

Posterior - toward the back or in back of

lateral - side

bilateral - both sides

medial - middle

oblique - at an angle

superior - above (supra)

inferior - below (sub) (infra)

cephalic - head

caudal - base of spine

proximal - nearest to the center

distal - farthest from the center

peripheral - outer edges

transverse - horizontal body plane (trans)

sagittal - vertical body plane, through the trunk of the body

upright - standing

decubitus - lying down

recumbent - lying down

supine, supination - face up, or palm up

prone, pronation - face down, or palm down

rotation - turning

eversion - turning outward, or inside out

flexion (flexing) - bending

extension (extending) - straightening

internal - inside

external - outside

adduction - toward the midline

abduction - away from the midline

quadrant - referring to parts of the abdomen

INTRODUCTION TO BODY SYSTEMS

<u>ANATOMY</u>	The study of body parts, how it is made, and what it is made of.
<u>PHYSIOLOGY</u>	The study of how the body functions and how all the body parts work independently and together.
<u>PROTOPLASM</u>	The substance that all living things are made of.
<u>CELL</u>	Fundamental building block of all living organisms. The <u>nucleus</u> is the center of the cell where reproduction takes place.
<u>METABOLISM</u>	The sum of all physical and chemical changes in the body.

CHARACTERISTICS OF CELLS

1. Cells undergo physical and chemical changes.
2. Many cells reproduce themselves.
3. Some cells reproduce more readily than others.
4. Many cells are replaced because of injury, poor health, or death.
5. Some cells are not replaced.
6. Worn out, unhealthy, and injured cells are eliminated primarily in the liver, spleen, and bone marrow.
7. Worn out, unhealthy injured cells are removed from the body by the endoplasmic reticulum.

Root word cy = cell

Cytology is the division of the laboratory where slides are prepared using drops or smears of body specimens, including Pap smear, urine for cytology, and pleural (lung) fluids. These cells are studied to rule out the presence of malignant cells.

Tissue - consists of a group of the same type of cells functioning in the same way. Tissue fluid makes up 60-90% of body tissue.

Dehydration - is insufficient fluid in the tissues. Edema is an abnormal collection of fluid in the tissues

Types of tissues

1. Epithelial tissue may have these characteristics:
 - A. Secrete mucous or serous fluid.
 - B. Sometimes has cilia (hairs) as in the bronchial tubes or fallopian tubes.
 - C. Can expand and contract as in the bladder.
 - D. Can become very thick and hard as in callouses.
 - E. It can repair itself quickly when injured. Some examples include the outer layer of skin (epidermis), glandular tissue, and the lining of organs, body cavities, vessels, and ducts.
2. Connective tissue is made of collagen and elastic fibers. Hard connective tissue includes cartilage. Cartilage is tough, elastic and translucent. It reduces friction between long bones and acts as a shock absorber between the vertebrae.

Soft connective tissue can repair itself and also repair muscle and nerve tissue. Adipose is fatty tissue and neuroglia is found in the brain, spinal cord, and nerves.
3. Nerve tissue is found in the brain and spinal cord. Nerves consists of clusters of nerve cells (neurons) supported by ordinary connective tissue.
4. Muscle tissue cells are long and threadlike and have the ability to contract and relax.

Organ is a body part where two or more tissues work together to perform a particular function. A few examples are the heart, lungs, and liver.

Body system is a group of organs that are grouped together to perform certain body functions. They are as follows:

- | | |
|-------------------------|------------------------------------|
| 1. Skeletal system | 2. Muscular system |
| 3. Integumentary system | 4. Nervous system (inc. eye & ear) |
| 5. Respiratory system | 6. Circulatory system |
| 7. Digestive system | 8. Excretory system |
| 9. Endocrine system | 10. Reproductive system |

SKELETAL SYSTEM

This system is composed of bones and joints. The functions of bones are to give the body shape, support, and stability. To protect the internal organs, provide locomotion, produce red blood cells, and store calcium and other minerals.

Body cavities formed by the bones are enclosed spaces that protect vital organs. The skull encloses the brain (cranial cavity). The rib cage encloses the heart, large blood vessels, trachea, bronchial tubes, lungs, and esophagus. This is called the thoracic cavity. The spine and bony pelvis enclose the digestive, reproductive, and excretory organs, or abdominal cavity.

The spine consists of 33 vertebra. It is divided into 5 sections. These sections are the cervical, thoracic, lumbar, sacrum and coccyx.

A broken bone is called a fracture. There are different types of fractures. A greenstick fracture is a partially broken bone with bending of the bone. An impacted fracture is a broken bone with one end wedged into the other. A comminuted fracture is a fracture in which a bone is splintered or crushed. A compound or open fracture is a broken bone with an open wound. A simple fracture or closed fracture is a broken bone without a wound in the skin.

Joints are areas where one bone connects with one or more other bones. Joints are necessary as levers in all motion.

Ligament - tough, white, fibrous, cord that connects bone to bone.

Tendon - an elastic, cordlike structure that connects muscle to bone.

Bursa - small fluid filled sac that prevents friction, allowing one bone to move easily over another.

Cartilage - hard connective tissue that covers the ends of bones and provides a cushion for stress and strain.

ROOT WORDS

arthr/o	joint	cost/o	rib
chondr/o	cartilage	orth/o	straight/correct
clavic/o	clavicle	oste/o	bone
crani/o	skull	patell/o	kneecap
femor/o	femur	ped	foot
phalang/o	finger	my	muscle
	or toe bone		
myel/o	bone marrow	scapul/o	shoulder
	spinal cord		blade
spondyl/o			
vertebr/o	vertebra	stern/o	sternum

Arthritis - pain in a joint.

Claudication - limping

Contracture - permanent contraction of a muscle due to spasm or paralysis

Fracture - broken bone

Hemarthrosis - effusion of blood into a joint cavity

Malignant neoplasm - a new abnormal growth that infiltrates tissue, metastasizes, and often recurs following surgical removal

Myeloma - tumor originating in the bone marrow

Myoma - tumor containing muscle tissue

Neoplasm - new, abnormal formation of tissue, as in tumor or growth

Osteoarthritis - inflammation of a joint with destruction of the articular cartilage

Osteomalacia - softening of the bone

Sarcoma - cancer arising from connective tissue

Spasm - involuntary movement or muscle contraction

Whiplash - injury to the cerebral vertebrae and surrounding tissue produced by sudden jerking forward or backward

DIAGNOSTIC PROCEDURES

Arthrogram - x-ray of a joint

Bone marrow biopsy - puncture of the sternum or iliac crest to obtain a specimen of bone marrow

Electromyogram - electrical tracing of the impulses of a muscle

Myelogram - x-ray of the spinal cord following the injection of a radiopaque dye into the subarachnoid space

Spinal puncture - puncture into the subarachnoid space to remove spinal fluid

MUSCULAR SYSTEM

Muscles are tissues with specialized cells that enable them to contract (shorten) and relax (lengthen). This enables them to produce power. The muscular system makes all motion possible inside and outside the body. The muscular system is composed of muscles, tendons, and ligaments.

Striated muscles are called voluntary muscles. They resemble a group of ropes held tightly together. The skeletal muscles are striated muscles. They move the bones of the body, the head, trunk, limbs, tongue, pharynx, and upper part of the esophagus.

Smooth muscles and cardiac muscles are involuntary muscles. Involuntary muscles work on their own. Smooth muscles are found in glands, walls of blood vessels, ducts, hollow organs, and other parts of the body. The cardiac muscle controls the heartbeat. It contracts, and relaxes about 72 times per minute in the average adult.

The origin of a muscle is the point of attachment to a bone that remains stationary when the muscle contracts. The insertion of a muscle is the point of attachment to a bone that is moved when the muscle contracts. Near the point of attachment to bone, the muscle narrows and joins a tendon, a tough band of connective tissue that connects muscle to muscle.

Most movement is the coordinated action of several muscles. The muscles not only move the body but produce heat.

Muscles have a large blood supply. This makes the muscle tissue more resistant to infection than all other body tissues.

Paralysis - loss of voluntary movement

Atrophy - muscle mass decreases in size (also called wasting of muscle)

Edema - swelling of a tissue or joint

Range of motion - each joint is put through its normal range of activity. Can be active (done by the patient) or passive (done by another person)

Extension - to straighten an arm or leg

Hyperextension - beyond the normal extension

Flexion - to bend a joint (elbow, wrist, knee)

Rotation - to move a joint in a circular motion around its axis

Ambulation - walking or moving about in an upright position

INTEGUMENTARY

The skin is a membrane covering the entire body. It contains several types of tissue and many sweat glands, oil glands, blood vessels, and hairs. It is considered to be the largest organ in the body. The integumentary system is composed of skin, hair, nails, sweat and oil glands. Its main functions are to protect the body, improve appearance, eliminate waste through the sweat glands, regulate body temperature, and to produce vitamin D when exposed to sunlight.

The skin has two layers. The outer layer of skin is the epidermis and the second layer is the dermis.

The subcutaneous layer under the dermis is a combination of elastic and fibrous tissue with fatty deposits. Fat is manufactured when more food is taken in than needed. It is stored energy, providing insulation and protection.

ROOT WORDS

caud	tail	
derm/o	skin	
hist/o	tissue	path disease
trich	hair	
viscer/	organ	
necro	dead (decayed)	

Acne - any inflammatory condition of the skin involving the sebaceous glands

Albinism - congenital lack of normal skin pigment

Alopecia - baldness

Carbuncle - a boil

Cyst - closed sac or pouch

Decubitus ulcer - pressure sore or "bed sore"

Ecchymosis - bruising

Erythema - redness

Excoriation - a scratch

Eczema - an inflammatory condition of the skin producing macules, papules, vesicles, crusts, and scales

Gangrene - necrosis of the skin

Herpes - viral infection involving the skin

Lesion - an area of tissue that has been altered by disease or injury

Papule - pimple

Pediculosis - lice

Pruritis - itching

Pustule - small skin elevation containing pus

Scabies - contagious skin condition caused by a mite that lays her eggs in burrows under the skin

Urticaria - hives

Verruca - wart

Vesicle - blister

Decubitus ulcers (bed sores) are taken seriously in health care facilities. Body heat and perspiration, plus the pressure from the patient create the ideal conditions for bacteria to grow. This causes skin break down. Infection can set in very easily.

There are special mattresses (egg crates, soft care) and beds (Kinair, Therapulse) that help prevent this. Nursing personnel are also instructed to turn patients frequently.

Bed cradles may be used to keep the covers off the skin of a patient.

NERVOUS SYSTEM

The nervous system controls and organizes all body activities. It is composed of billions of specialized cells called neurons. A neuron is the most complex cell in the body. If nerve cells are destroyed they are not replaced. The nervous system makes it possible for a person to speak, hear, taste, smell, see, think, act learn and remember.

The nervous system receives signals from inside or outside of the body and sends the signals to the brain. The brain interprets these signals and sends a message back to the appropriate body part or system.

The cerebrum, in the upper portion of the brain, is divided into hemispheres or halves by a deep groove. Certain areas of the cerebrum perform special activities.

Occipital lobe - the place where what you see is interpreted
Frontal lobe - the primary area of thought, reason, and speech

Temporal lobe - the auditory (hearing) area

Parietal lobe - the awareness of sensations of heat, cold, touch, pressure, and pain

ROOT WORDS

acousia	hearing	aqua	water
audi/o	sound	aur/o	ear
blephar/o	eyelid	cephal/o	head
cerebell/o	cerebellum	cerebr/o	cerebrum
conjunctiv	conjunctiva	crani/o	cranium
dacry/o	tear	encephal/o	brain
gusta	taste	irid	iris
lacri/m	tears	myring	eardrum
ocul/o	eye	olfact	smell
opthalm/o	eye	ot	ear
photos	light	retin	retina
scler/o	hard	tympan/o	eardrum
vitre/o	glassy	xeros	dryness

A person is made aware of changes in the outside environment through special cells called sensory neurons. The eye is the sensory receptor for vision. It is protected by lids, eyelashes, eyebrows, tears, mucous membranes called conjunctiva, and the bony orbit formed by the skull.

Sclera - white of the eye

Vitreous humor - transparent liquid that fills the eyeball

Aqueous humor - fluid produced in the eye.

Cornea - clear, plastic-like covering

Iris - circle of color

Pupil - the opening in the center of the iris through which light enters

Lens - directly behind the pupil, focuses the image upon the retina

Retina - back part of the eye, receives images and sends impulses to the optic nerve

Optic nerve - receives impulses from the rods and cones in the retina and transmits them to the brain

The eye can receive and focus light and then convert this energy into nerve impulses to be sent to the brain. The nerve impulses originate from the retina. Visual receptors in the retina, called rods, can work in low light. They have no color function. The visual receptors, called cones operate in high intensity light and receive colors.

The ear is associated with hearing and equilibrium (balance). Sound waves enter the outer ear and strike the tympanic membrane, causing it to vibrate. The vibration of the membrane causes the tiny bones in the middle ear to move, carrying the sound to the inner ear. Through a complex process, sound stimuli are transmitted to nerves that transport the signal to the brain.

The ear has three parts. The outer ear leads to the small sound opening of the middle ear. The small membrane that separates the outer and middle ear is the eardrum. The middle ear contains the smallest bones in the body. They are the malleus (hammer), incus (anvil) and stapes (stirrup). The cochlea looks like a snail shell contains the organ of Corti, the sense organ for hearing. This contains cells that are stimulated by sound waves. Sensory impulses are transmitted to the auditory nerve, which transmits them to the center of hearing in the brain.

Olfaction is the sense of smell associated with the mucous membranes that contain the receptor end organs for smell. The sense of taste is associated with the tongue. The taste buds are special sensory nerve cells. The skin has special sensory nerve cells that transmit messages to and from the brain to recognize heat, cold, pain, and pressure.

Amblyopia - "lazy eye"

Anacusia - total deafness

Analgesia - without pain

Anesthesia - without sensation

Aphagia - inability to swallow

Aphasia - inability to speak

Ataxia - without muscular coordination

Cataract - clouding of the lens due to aging, injury, infection

Cerebral Palsy - non-progressive paralysis resulting from developmental defects or from birth trauma

Cerebrovascular accident - stroke (CVA)

Coma - abnormal stupor

Conjunctivitis - inflammation of the mucous membrane covering the front of the eyeball and lining the lids; also called pink eye

Convulsions - involuntary muscular contractions and relaxations

Diplopia - double vision

Encephalitis - inflammation of the brain

Epilepsy - recurrent disorder of cerebral function characterized by seizures

Glaucoma - disorder of the eye characterized by increased pressure within the eyeball

Hemiparesis - one sided weakness

Hemiplegia - one sided paralysis

Hydrocephalus - increased accumulation of cerebrospinal fluid in the ventricles of the brain

Hyperopia - farsightedness

Multiple Sclerosis - chronic, progressive disorder of the central nervous system

Myopia - shortsightedness

Otitis media - inflammation of the middle ear

Otorrhagia - discharge of blood from the ear

Otorrhea - purulent discharge from the ear

Paraparesis - weakness affecting lower limbs

Paraplegia - paralysis affecting lower portion of body and legs
Parkinson's Disease - chronic disease of the central nervous system characterized by fine tremors, muscular weakness, rigidity, and a peculiar gait

Poliomyelitis - acute viral disease with inflammation of the gray matter of the spinal cord, frequently resulting in paralysis, muscle atrophy and deformity

Quadriplegia - paralysis of all four limbs and usually the trunk

Seizures - brief attacks of altered consciousness, motor activity, and sensation

Spina bifida - congenital defect in the walls of spinal canal caused by lack of union of lamina of the vertebrae

Syncope - fainting

Sty - localized bacterial infection of a sebaceous gland of the eyelid

Tic - spasmodic muscular contractions involving the face, head, neck, and shoulder muscles

Tinnitus - ringing in the ears

Trans ischemic attack - (TIA) signs and symptoms resulting from transient cerebral ischemia, including inability to see, speak, or swallow, dizziness, or staggering

Audiogram - hearing test performed with an audiometer

Echoencephalogram - ultrasonic sound is sent into the brain and echoes are amplified and translated into picture on a TV type screen

Electroencephalogram - (EEG) electrical tracing of the impulses of the brain

Electromyogram - electrical tracing of impulses of the muscle

Ophthalmoscopy - examination of the interior of the eye using an ophthalmoscope

Tympanometry - evaluation of the patency and mobility of the eardrum

Visual evoked response - Electrical tracing of occipital lobe response to visual stimuli

RESPIRATORY SYSTEM

The respiratory system produces a pathway for oxygen to get from the air into the lungs. In the lungs, it is picked up by the blood and carried to the cells. Respiration is an exchange of gases between an organism and the environment. The respiratory system is responsible for getting oxygen into the blood where it is carried to the cells of the body.

The medulla , located in the center of the brain, regulates breathing. The respiratory system is affected if there is disease or injury to the medulla.

Breathing consists of breathing in (inhalation), and breathing out (exhalation). During inhalation, oxygen, enters the lungs. Oxygen enters the blood stream through air sacs called alveoli. When inhalation occurs:

1. The lung and chest cavity are expanded.
2. The diaphragm moves down.
3. Air is forced into air sacs.
4. Oxygen is absorbed by the venous capillaries at the air sac.

When exhalation occurs:

1. The lungs and chest cavity are contracted.
2. The diaphragm moves up.
3. Air is forced out of the air sacs.
4. Carbon dioxide, removed from the arterial capillaries, is exhaled.

The body uses oxygen and food supply energy for living. Carbon dioxide is a waste product and is exhaled. Air pollution and smoking can destroy the ability for the lung tissue to provide this gaseous exchange. This can cause emphysema. The pleura is a membrane covering the lungs. One layer lines the pleural sac while the other covers the lung. The space between the pleura, called the pleural cavity, contains pleural fluid.

The pharynx is a passageway between the nasal cavities and the top of the windpipe or larynx. The larynx or voice box contains the vocal cords. The epiglottis covers the opening into the trachea (windpipe). It prevents food or fluids from entering the windpipe. Aspiration occurs when small pieces of food, fluid, mucous, or vomitus is taken into the air passages.

The lungs almost stand on the diaphragm, which is a muscular partition that separates the chest cavity from the abdominal cavity. It flattens during inhalation, which allows the lungs to expand. The diaphragm expands on exhalation, reducing the size of the chest cavity.

Respiratory emergencies can be a matter of life or death. Sometimes initiation of CPR or Cardiopulmonary resuscitation is needed. A CPR class is often available through the American Red Cross and at area hospitals.

Patients with respiratory problems may require treatments and supplies to aid with their breathing. A respiratory therapist is a health care worker who performs diagnostic and therapeutic procedures designed to preserve respiratory function.

Additional oxygen can be provided through the use of a nasal cannula, mask, or ventilator. A nasal cannula is tubing that is fit into the patient's nostrils. A venti-mask creates a moist oxygenated environment. Intubation is the insertion of an endotracheal tube into the windpipe to provide air to the patient when he cannot breathe independently. The machine that provides the breathing for the patient is a ventilator.

Chest physical therapy (postural drainage) loosens lung secretions. Aerosol therapy combines medications such as Alupent, Proventil, or Bronkosol with a fine mist to improve the quality of breathing. Metered dose inhalers provide medication without the mist. These inhalers are very common and are often used by asthmatics.

ROOT WORDS

aer/o	air	alveol/o	air sac
bronch/o	bronchial tube	cyan/o	blue
laryng/o	larynx	nas/o	nose
pharyng/o	pharynx	pneum/o	lung
py/o	pus	rhin/o	nose
thorac/o	thorax	trache/o	trachea

Aphonia - inability to produce speech sounds from the larynx

Apnea - without breathing

Asbestosis - lung disease resulting from breathing in asbestos over a long period of time

Asthma - disease characterized by difficulty breathing, wheezing, and a sense of tightness or constriction in the chest due to spasm of the muscles. This causes narrowing of the air passages.

Atelectasis - collapsed lung

Auscultation - listening for sounds within the body

Bronchitis - inflammation of the bronchial tubes

Bronchoscopy - endoscopic examination of the bronchial tubes

COPD - Chronic obstructive pulmonary disease; progressive disease of the lungs resulting in the increased inability of the lungs to perform their function

Cyanosis - skin appears bluish due to reduced oxygen and excess carbon dioxide in the blood

Cystic Fibrosis - inherited disease involving the respiratory system, and sweat glands

Dysphonia - difficulty in producing speech sounds.

Dyspnea - difficulty in breathing

Empyema - pus in the pleural cavity

Epitaxis - nosebleed

Expectoration - expulsion of mucous from the throat or lungs

Hemoptysis - spitting up of blood from the respiratory tract

Hyperpnea - faster, deeper breathing than normal

Hyperventilation - increased rate or depth of breathing accompanied by anxiety

Lobectomy - surgical removal of a lobe of a lung

Orthopnea - a condition in which a person can breathe only while sitting upright

Pharyngitis - inflammation of the throat; sore throat

Pleural effusion - excessive fluid in the pleural cavity

Pneumonectomy - surgical removal of a lung

Pneumonia - inflammation of the lungs caused by bacteria, viruses, fungi, or chemical irritants

Pneumothorax - collection of air in the pleural cavity as a result of perforation or injury through the chest wall or pleura

Pulmonary embolectomy - surgical removal of a blood clot in the pulmonary artery or one of its branches

Thoracentesis - puncture of the chest cavity to remove fluid. Various laboratory tests are performed on the fluid to determine malignancy, infection, and other diseases

Tracheostomy - surgical opening of the trachea

Pulmonary embolism - clot in the lung that has come from a thrombus in the legs and is causing obstruction in a pulmonary artery or one of its branches

Pulmonary thrombosis - formation of a clot in the lung tissue

Rales - abnormal sounds in the chest resembling squeaks

Respiratory failure - inability of the lungs to perform their function

Rhinitis - inflammation of the nose

Rhinorrhea - runny nose

Rhinorrhagia - nosebleed

Rhonchi - abnormal sound in the chest, resembling snoring

Tachypnea - rapid breathing

Tuberculosis - Infectious disease that usually affects the lungs. It can be spread by coughing, wheezing or speaking

CIRCULATORY SYSTEM

Another name for the circulatory system is the cardiovascular system. It consists of the blood, blood vessels, heart, and lymph vessels. The vascular system delivers oxygen and nutrients to the tissue cells, picks up the waste products; and delivers them to where they can be eliminated from the body.

The heart is a muscle that acts as a pump for the vascular system. The heart receives blood through the veins and pumps it out through the arteries to all cells of the body. Blood pressure is created as blood circulates through the body. Blood pressure is the measurable force of the blood against the walls of a blood vessel. A healthy heart can pump more than 10 gallons of blood per minute through 60,000 miles of blood vessels. A round trip through the circulatory system takes less than 30 seconds.

The heart is divided into four chambers. The top two are called atria. The bottom chambers are the ventricles.

The right atrium gets blood from the body through the superior and inferior vena cava. The right atrium pumps blood through a valve in the right ventricle, which pumps the blood through another valve into the pulmonary artery. The pulmonary artery divides into two arteries and delivers blood to the lungs. In the lungs, the blood picks up oxygen and gets rid of waste gases.

The left side of the heart pumps blood through the aorta. It is the largest artery in the body. Branches of the aorta are sent to the head and upper extremities. Other branches of the aorta go to the heart muscle, and the descending aorta sends branches to the lower extremities, and to the trunk.

Patients with heart problems may be admitted on special halls with telemetry. It is a system where the patient's heart action is monitored from a distance.

The lymph system is another circulatory system. Lymph is the fluid that surrounds body cells. It is 95% water. Along the course of the lymph system are lymph nodes. These nodes often become enlarged when infection or disease occurs.

The average adult has 5 quarts of blood in circulation. Plasma is the fluid portion of the blood. The formed elements of the blood are red blood cells, white blood cells, and platelets.

Red blood cells carry oxygen from the lungs to the cells. White blood cells fight infection. Blood platelets come from bone marrow cells and are essential to the clotting of the blood.

Arteries are blood vessels that carry oxygenated blood from the heart (with the exception of the pulmonary artery). Arterioles are tiny arteries that carry blood from the large arteries to the capillaries. Capillaries are the smallest blood vessels in the circulatory system. They allow exchange of oxygen, carbon dioxide through their walls. They nourish all body cells.

Veins are the blood vessels that carry oxygen depleted blood back to the heart, lungs, and kidneys (with the exception) of the pulmonary vein. Venules are the very tiny veins of the body. They carry blood from the capillaries to the large veins of the body.

Phlebotomists are trained to draw blood. There are many tests that can be done on blood samples. The laboratory in a hospital has medical technologists who perform laboratory tests and evaluate results. There may be many sections inside the medical laboratory. Departments could include microbiology, chemistry, endocrinology, and hematology. Laboratory tests can be performed on all body fluids, and specimens.

ROOTWORDS

angi/ o	vessel	aort/o	aorta
arteri/o	artery	cardi/o	heart
erythr/o	red	hem/o	blood
leuk/o	white	phleb/o	vein
pnea	breath	sphygmos	pulse
steth/o	chest	vas/o	vessel
ventricul/o	ventricle	venul/o	venule
ven	vein		

Anemia - reduction of red blood cells, hemoglobin or hematocrit in the blood

Aneurysm - dilation or bulging out of the wall of the heart or blood vessel

Angina pectoris - condition characterized by pain around the heart radiating to the left shoulder and arm

Aortic stenosis - narrowing of the aorta or the valve leading into the aorta

Arrhythmia - irregular heart rate

Arteriosclerosis - thickening or loss of elasticity in the arterial wall

Atherosclerosis - form of arteriosclerosis characterized by formation of fatty deposits or plaque in the arteries

Bradycardia - slow heart rate

Cardiac arrest - cessation of the heart beat

Cardiac enzymes - enzymes normally found in heart tissue. These levels are increased during a heart attack. Often called CPK, CPK MB, LDH, SGOT

Cardiomegaly - enlargement of the heart

Cardioversion - electrical charges administered to the chest to stop fibrillation and arrhythmia and to return the heart to normal rhythm

Carotid occlusion - blockage of the carotid artery or arteries due to atherosclerosis

Congestive heart failure (CHF) - the inability of the heart to pump sufficient blood through the circulatory system

Coronary Thrombosis - formation of a blood clot in a coronary artery

Diaphoresis - sweating

Endocarditis - inflammation of the inner surfaces and cavities of heart

Hematoma - collection of blood in a localized area

Hemophilia - hereditary condition in which the clotting time of blood is greatly prolonged due to the absence of a clotting factor

Hypertension - high blood pressure

Hypotension - low blood pressure

Mitral stenosis - narrowing of the mitral valve with the obstruction of blood flow from the left atrium to the left ventricle

Myocarditis - inflammation of the muscle of the heart

Myocardial infarction - heart attack

Necrosis - death of tissue in a given area due to lack of blood supply and other factors

Normal sinus rhythm - normal heart rhythm

Pallor - paleness

Palpitation - abnormal rapid fluttering of the heart

Phlebitis - inflammation of a vein

Swan Ganz Catheter - catheter with a balloon inserted into the pulmonary artery to measure pressure within the heart

Tachycardia - rapid heart rate

Thrombophlebitis - inflammation of a vein leading to formation of a thrombus

Thrombus - clot at the site of formation

Transient cerebral ischemia - temporary lack of sufficient blood flow to the cerebrum

Varicose veins - distended, swollen, knotted veins often found in the lower extremities

Cardiac catheterization - angiogram of the heart and coronary arteries following injection of a dye through a catheter into the appropriate blood vessel or heart chamber

Echocardiogram - photograph of echo produced from sound waves emanating from the heart

Electrocardiogram (EKG) - electrical tracing of the impulses of the heart

Holter monitor - Continuous EKG tracing worn by the patient

MUGA scan - Radioactive tracer used to image heart contractions

Stress thallium - Thallium, a radioactive tracer, is intravenously injected into the heart during a treadmill exercise. Used to rule out heart damage, and restricted arterial flow.

Venogram - x-ray of a vein following intravenous injection of a dye

DIGESTIVE SYSTEM

The digestive system, also called the alimentary canal, is responsible for breaking down food so that it can be used by the cells of the body. There are four parts to digestion:

1. Ingestion: the taking in of food and fluids through the mouth into the stomach
2. Digestion: the conversion of food and fluids by physical and chemical means into substances that can be used by the body
3. Assimilation: absorption of digested food into the circulatory system for distribution to all parts of the body
4. Elimination: the removal of waste products of digestion from the body.

The teeth and mouth break down food into small pieces. Saliva contains an enzyme called ptyalin that begins the digestive process. The esophagus or food tube connects the pharynx with the stomach. The stomach is lined with a thick wall of mucous to protect it from special digestive secretions called enzymes. These enzymes break down the food.

After leaving the stomach, partially digested food enters the first part of the small intestine called the duodenum. Most of the digested food particles are absorbed by the body in this area. The duodenum is the most important area of digestion. Many chemicals are secreted by the pancreas into a tube that connects to the duodenum. This tube is the main pancreatic duct which joins with the common bile duct.

The common bile duct delivers bile from the gall bladder to the duodenum. Bile helps in breaking down fats so that the pancreas and liver can complete the digestion process.

The pharynx, esophagus, stomach, small intestine, colon, and rectum are lined with muscle. The muscle pushes the food through by contractions called peristalsis. The food reaches a valve at the end of the small intestine. Water and undigested food enter the colon. The colon absorbs most of the water from the remaining digested material. Semisolid waste feces are created. The rectum expels the fecal material. Liquid waste is produced by the kidneys and is collected in the bladder.

ROOT WORDS

an/o	anus	abdomin/o	a b d o m i n a l
append/o	appendix	chole	gall or bile
col/o	colon	cyst/o	bladder
doch/o	duct	duoden/o	duodenum
enter/o	intestine	esophag/o	esophagus
gastr/o	stomach	hepat/o	liver
herni/o	hernia	ile/o	ileum
jejun/o	jejunum	lapar/o	laparotomy
lith/o	stone		

Abscess - localized collection of pus

Anorexia - without appetitite

Appendectomy - surgical removal of the appendix

Aphagia - inablility to swallow

Bulimia - eating disorder characterized by bouts of overeating followed by induced vomiting, diarrhea, and fasting

Cachexia - state of severe malnutrition, wasting

Cholecystitis - inflammation of the gallbladder

Cholelithiasis - gallstones

Cirrhosis - inflammation of the tissue of an organ; usually associated with the liver

Colectomy - surgical removal of all or part of the colon

Colic - spasm in any hollow organ or tube, such as the stomach, intestines or bile duct

Colitis - inflammation of the colon

Constipation - buildup of fecal material in the large intestine that is not easily passed in the rectum

Diarrhea - frequent loose or watery bowel movements

Diverticulum - sac or pouch in the walls of a canal or organ

Dysphagia - difficulty in swallowing

Emesis - vomiting

Enteritis - inflammation of the intestine

Esophageal varices - varicose veins in the esophagus

Gastric ulcer - open sore or lesion in the mucous membrane of the stomach

Guaiac test - done on feces to determine if occult (hidden) blood is present

Hemorrhoids - varicose veins in the anorectum

Hepatomegaly - enlarged liver

Hiatus (hiatal) hernia - protusion of the stomach upward into the mediastinal cavity through an abnormal opening in the diaphragm

Icterus - jaundice - characterized by yellowish color of the skin, whites of eyes, body fluids, and mucous membranes due to excessive bilirubin in the blood

Ileitis - inflammation of the third and longest part of the small intestine

Melena - black, tarry stools due to the action of digestive process on the blood present in the intestine

Ova & parasites - a common test of the fecal material to rule out the presence of eggs and worms

Stoma - opening established in abdominal wall by colostomy

Stomatitis - inflammation of the mouth

Ulcerative colitis - inflammation of the colon with the formation of ulcers in the mucous membrane of the colon

Abdominocentesis - puncturing of the abdomen with an instrument for the purpose of withdrawing fluid

Abdominal sonogram - Ultrasound of the abdomen including the liver, gallbladder, pancreas

Barium enema - x-ray of the colon following administration of an enema of barium, which acts as a contrast medium

Cholangiogram - x-ray of the bile ducts

Colonscope - endoscope used to examine the colon

Colonoscopy - endoscopic examination of the colon

Colostomy - procedure creating a new permanent opening in the colon

Endoscope - device that consists of a tube and a viewing apparatus used to observe the inside of a hollow organ or cavity

Endoscopic retrograde cholangio-pancreatography (ERCP) - endoscopic examination of the duodenum and bile and pancreatic ducts

Enema - introduction of fluid into the rectum and colon

Gallbladder series - x-ray of the gallbladder. Tablets of dye are swallowed the day before the x-ray is performed

Gastrointestinal series (GI series) - x-ray of the stomach and small intestine following a drink of barium.

Ileostomy - the creation of a new permanent opening into the illeum (last portion of the small intestine)

Laparoscopy - endoscopic examination of the abdomen

Liver and spleen scans - performed in the nuclear medicine department with the injection of a radioisotope. Used to detect tumors and other problems.

Proctoscopy - endoscopic examination of the rectum

Sialogram - x-ray of the salivary ducts following an injection of dye into the salivary glands

Sigmoidoscopy - endoscopic examination of the end of the colon

Upper GI series - x-ray of the esophagus, stomach, and duodenum following a drink of barium

Ureterostomy - opening into one of the ureters

EXCRETORY SYSTEM

The excretory system is also called the Urinary System. The system consists of two kidneys, two ureters, a urethra and an urinary bladder. They remove extra water, salts, and other wastes, which leave your body as urine.

The kidneys are located in the upper abdomen, behind the abdominal organs. Millions of nephrons are located in the kidney. They serve as a filter in the formation of urine. We can lose large amounts of nephrons and still live normally.

The kidney has the ability to reabsorb nutrients and minerals that are needed by the body. Other substances, not needed such as drugs, some vitamins, excessive fluids are not reabsorbed. They combine with excess water and create urine.

The ureters are tubes that carry urine from each kidney and empty into the bladder. Special stretch-receptor nerve cells become stimulated when the bladder is full. A message is sent to the brain which results in emptying of the bladder (urination or micturition).

The urethra is a tube that leads from the bladder to the outside of the body. The urethra in the male is about eight inches long because it runs through the penis. It is about 1 1/2 inches long in the female.

The kidneys have three important functions:

1. Excrete nitrogenous waste products and mineral salts.
2. Help maintain the amount of water in the tissues at a constant level despite the varying amounts of fluid taken into the body.
3. Maintain appropriate levels of acids and bases in the body.

ROOT WORDS

cyst/o
lith/o
nephr/o
pyel/o
ur/o
urethr/o

bladde
stone
kidney
pelvis
urine
urethra

glycos/o
meat/o
prostat/o
ren/o
ureter/o
vas/o

glucose
meatus
prostate
kidney
ureter
vessel

Anuria - failure of the kidneys to secrete urine

Cystocele - protrusion of the bladder into the anterior vaginal wall

Dehydration - condition of fluid output being greater than fluid input

Dysuria - difficult or painful urination

Edema - excessive fluid retained in body

Enuresis - incontinence or bedwetting

Glycosuria - glucose (sugar) in the urine

Nephrolithiasis - kidney stones

Nocturia - night time urination

Renal colic - spasm in the bladder or ureter accompanying the passage of a stone

Renal failure - failure of the kidney to secrete urine

Renal insufficiency - failure of the kidney to secrete sufficient urine

Residual urine - urine remaining in the bladder after urination

Retention of urine - inability to empty the bladder

Uremia - toxic condition resulting from the inability of the kidneys to eliminate nitrogenous waste from the body

Bence Jones Protein - urine test to rule out the presence of an abnormal protein found in the urine of patients

Blood Urea Nitrogen (BUN) - blood test to determine the amount of urine in the blood

Cystogram - x-ray of the bladder using a dye

Cystoscopy - examination of the bladder with a cystoscope

Intravenous Pyelogram (IVP) - x-ray of the urinary tract using a dye as a contrast medium

Urinalysis - physical, chemical, and microscopic examination of the urine

ENDOCRINE SYSTEM

The word hormone is from a Latin term meaning "to arouse or set in motion". The endocrine system secretes hormones. The endocrine glands consist of:

Pituitary gland - regulates metabolism. The hormones secreted by the pituitary gland affect other glands, stimulating them to secrete their hormones. This gland is often called the "master gland".

Thyroid gland- produces hormones that regulate growth and the metabolic rate and are responsible for the individual's energy level.

Parathyroid gland- two pairs of small glands located on each side of the thyroid gland. Works with the thyroid gland in regulating the amount of calcium and phosphorous in the body.

Thymus gland - believed to play a role in the immune system of the body. The exact function is not understood.

Pancreas - large gland located below and behind the liver and stomach. It secretes insulin and glycogen.

Adrenal glands - located at the top of each kidney. Important in the metabolism of proteins, fat, and carbohydrates. They are also active in maintaining fluid and electrolyte balance. Hormones are also produced to help the body react to stress.

Ovaries - female sex glands that secrete estrogen and progesterone. These two hormones are essential in the reproductive processes and also influence a women's feminine physical characteristics.

Testes - male sex glands, secrete a hormone called testosterone. This hormone is necessary for the development of the male secondary sex characteristics and maintenance of the reproductive organs.

Endocrine glands are ductless. They empty directly into the bloodstream. This makes the secretions immediately available to cells in all parts of the body.

Exocrine glands do not empty directly into the bloodstream. These consist of the salivary glands, sweat glands, mammary glands, and bulbo-urethral glands. There are also exocrine glands associated with digestion.

ROOT WORDS

acr/o
adren/o
glyc/o
natr/o
toxic/o

extremity
adrenal
glycogen
sodium
toxic

aden/o
gluc/og
kal/o
thyr/o

gland
glucose
potassium
thyroid

Acidosis - disturbance in the acid-base balance of the body due to accumulation of acids or excessive loss of bicarbonates

Alkalosis - disturbance in the acid-base balance of the body due to accumulation of alkalies or excessive loss of acids

Cretinism - lack of physical and mental development due to congenital deficiency of the thyroid hormone

Diabetes mellitus - caused by inadequate secretion and utilization of insulin, resulting in increased blood glucose and loss of glucose in the urine

Glycosuria - presence of glucose in the urine

Hirsutism - excessive growth or presence of hair in unusual places

Hyperglycemia - excessive glucose in the blood

Hyperkalemia - excessive potassium in the blood

Ketosis - accumulation of ketones, the end product of fat metabolism in the body

Obesity - abnormal amount of fat on the body; exogenous obesity is caused by excessive caloric intake; endogenous obesity is caused by faulty metabolism

Polydipsia - excessive thirst

REPRODUCTIVE SYSTEM

The female reproductive system consists of two ovaries, two fallopian tubes, a uterus and vagina. Externally, it includes the vulva and breasts (mammary glands). The main function of the ovary is to produce ova (eggs). The ovaries produce a hormone called estrogen.

Ovulation occurs monthly. An egg is released into the fallopian tube where it may or not be fertilized before it moves to the uterus. The estrogen released during ovulation causes a buildup in the lining of the uterus. Menstruation starts if pregnancy does not occur.

The male reproductive system consists of the testes, scrotum, penis, seminal vesicle, and prostate gland. The primary reproductive organs are the testes. The testes produce sperm. The testicles are in a sac called the scrotum. The hormone, testosterone influences sexual activity and reproduction.

ROOTWORDS

amnion	amniotic sac	cervic/o	cervix
colp/o	vagina	gravid/o	pregnant
gynec/o	woman	hyster/o	uterus
mamm/o	breast	mast/o	breast
men/o	menses	metro/o	uterus
oophor/o	ovary	orchi/o	testicle
para	to give birth	proct/o	rectum
salping/o	fallopian tubes	uter/o	uterus
vas	vessel		

Abortion - termination of pregnancy before the fetus is viable

Amenorrhea - absence of monthly flow

Antepartum - before birth

Benign Prostatic Hypertrophy (BPH) - non-cancerous enlargement of the prostate gland

Colposcope - instrument used to examine the vagina

Congenital - present at birth

Ectopic pregnancy - implantation of the fertilized ovum outside the uterus, in the fallopian tube, on the ovary or in the abdominal cavity

Endometrium - lining of the uterus

Embryo - developing child in utero from the second to eighth week inclusive following fertilization

Fetus - developing child in utero from third month to birth

Gestation - period of development of child in utero from conception to birth

Gravida - a pregnant woman

Impotence - loss of sexual function

Labor - the process leading to the expulsion of the fetus from the uterus

Leukorrhea - white or yellowish vaginal discharge

Menopause - period marking permanent cessation of menstrual period

Miscarriage - spontaneous abortion

Natal - pertaining to birth

Nocturia - need to get up at night to urinate

Nulligravida - a woman who has never been pregnant

Nullipara - a woman who has never borne children

Perineum - in the female, the area between the vulva and the anus

Postpartum - after birth

GENETICS

Genetics, the science of heredity, involves studying the structure and function of genes; which are responsible for species and individual traits. Gene flow refers to the movement of genes from one population to another and is a natural occurrence. Gene mutation refers to genetic material that has been altered at the fetal stage of development.

The differences between organisms are the result of the differences in the genes they carry. Changes may take place as a form of evolutionary process, recognized by Gregor Mendel in the 1860's. Recently, from the 1990's until today, changes in genetic material has been manipulated in the laboratory in hopes of eradicating genetic diseases and conditions.

Genetics is receiving increasing media attention, bringing to the public's attention the fact that many genetic diseases may be eradicated in the near future. Presentations on television, as well as newspaper and magazines, are good sources for self-education in this rapidly evolving field of knowledge.

Research in this field has led to the development of industries, called biotechnology or genetic engineering, totally dedicated to the diagnosis and treatment of certain genetic diseases such as Huntington's disease and Tay-Sachs disease. This is a very exciting time for researchers and the public, who may benefit in the future.

Terms

Gene - the biological unit that carries inheritable traits

Geneticists - scientists who study genetics

Genetic counseling - the evaluation and explanation of the risk prospective parents may have a child who has genetically traceable condition of the disease.

DNA - a molecule consisting of a doubled-strand, double-helical material. Considered the building block of heredity.

Genome - the total amount of genetic material in a cell

Chromosome - genetic material in the cell

GENETIC DISORDERS

<u>Disease</u>	<u>Symptoms</u>
Adult polycystic kidney disease	Kidney damage and failure
Alzheimers disease*	Progressive mental degeneration
Atherosclerosis*	Deposits of fatty substances line the inner layer of the arteries
Cancer*	Uncontrolled growth of cells
Cystic fibrosis	Chronic respiratory infection and digestive disorders
Down's syndrome	Mental retardation
Duchenne muscular	Muscular degeneration and weakness dystrophy
Dyslexia *	A disturbance in the ability to read
Hemophilia	Uncontrolled bleeding
Huntington's disease	Progressive mental and neurological degeneration
Hypertension*	High blood pressure that results in increased risk of stroke
Phenylketonuria (PKU)	Mental deficiency
Retinoblastoma	Cancer of the eye
Schizophrenia*	A psychotic disorder in which a person loses touch with reality
Sickle-cell anemia	Impaired circulation, anemia, pain
Type 1 diabetes*	Inadequate secretion or use of insulin

* Heredity may account for only a fraction of these cases.

METRIC SYSTEM

Hospitals use the metric system all of the time. It is a measuring system based on the number 10. The French invented it in the 1670's. All of the countries, except the United States use this system of measurement. We are the only country that uses feet, gallons, pounds, etc to measure.

The basic unit of measurement is the meter. A meter is slightly larger than a yard. The word meter appears in all units of length. A few examples are centimeter, millimeter, and kilometer.

The basic unit of volume is the liter. A liter is slightly more than a quart. Whenever the word liter appears it is always referring to volume. Another way of expressing volume is in cubic measurement.

The basic unit of weight is the gram. A gram is about the same weight as one paper clip, or one bean. A kilogram is 2.2 pounds. Whenever the word gram appears it is always referring to weight.

Temperature is measured on the Celsius scale. It was named after the man who invented it. The Celsius thermometer is sometimes called the centigrade thermometer.

Again, we need to learn prefixes to help us with the metric system. Symbols are used for abbreviations. Periods are not used after the symbol.

Meter	m
Liter	L (The capital L is used to avoid confusion with the number 1).
Gram	g

PREFIXES

1000 units	k	kilo
100 units	h	hecto
10 units	da	deka
1 unit	m, L, g	
0.1 unit	d	deci
0.01 unit	c	centi
0.001 unit	m	milli

MEASURING LENGTH

m is for meter
cm is for centimeter
cm is less than a meter
km is for kilometer
km is more than a meter

MEASURING WEIGHT

g is for gram
mg is for milligram
mg is less than a gram
kg is for kilogram
kg is more than a gram

MEASURING LIQUIDS

L is for liter
cl is for centiliter
cl is less than a liter
ml is for milliliter
ml is less than a centiliter

MEASURING TEMPERATURE

C is for celsius or centigrade

METRIC - ENGLISH CONVERSIONS

1 inch = 2.5 centimeters (cm)
The centimeter is the smaller unit.

1 meter (m) = 39.4 inches
The inch is the smaller unit

1 kilogram (kg) = 2.2 pounds
The pound is the smaller unit

CONVERT BETWEEN UNITS USING THE CONVERSION FACTOR. MULTIPLY TO CHANGE TO A SMALLER UNIT AND DIVIDE TO CHANGE TO A LARGER UNIT.

Convert 154 pounds to kilograms

$$1 \text{ kg} = 2.2 \text{ lb}$$

The conversion factor is 2.2

The conversion is to a larger unit. Divide by the conversion factor.

$$154 \div 2.2 = 70 \text{ kg}$$

Convert 22 inches to centimeters

$$1 \text{ in} = 2.5 \text{ cm}$$

The conversion factor is 2.5

The conversion is to a smaller unit. Multiply by the conversion factor.

$$22 \times 2.5 = 55$$

$$22 \text{ in} = 55 \text{ cm}$$

CONVERSIONS FROM CELSIUS TO FAHRENHEIT

Multiply 1.8 times degrees Celsius

Add 32

Result is degrees Fahrenheit

$$F = 1.8 C + 32$$

Convert 37 C (normal body temperature) to Fahrenheit

$$F = 1.8 C + 32$$

$$1.8 (37) + 32$$

$$66.6 + 32$$

$$98.6 F$$

CONVERSIONS FROM FAHRENHEIT TO CELSIUS

Subtract 32 from Fahrenheit degrees

Divide by 1.8

The result is degrees Celsius

$$C = F - 32$$

$$\frac{\quad}{1.8}$$

Convert 32 F (freezing point of water) to degrees Celsius

$$C = 32 - 32 = 0 = 0 C$$

$$\frac{\quad}{1.8}$$

$$\frac{\quad}{1.8}$$

In the metric system, the numbers are expressed in decimals. A space is left between the number and the symbol. Fractional parts of a unit are written with a zero in the units place to show clearly that there are no wholes.

0.5 mL

1 mL

1.5 mL

Digits are separated in groups of three, counting from the decimal point left and the decimal point right. Commas are not used in the metric system.

85 423.167 4 not 85,423.1674

7 125.75 not 7,125.75

COMMON ABBREVIATIONS

AA	Alcoholics Anonymous
AAA	Abdominal aortic aneurysm
A&O	Alert and oriented
A&P	Anterior and posterior
ABD	Abdomen
ABG	Arterial blood gas
ac	Before meals
AD	Right ear
ADA	American Diabetic Association
ADL	Activities of daily living
ad lib	As desired
AFB	Acid fast bacillus
AgNo2	Silver nitrate
AK	Above knee
AKA	Above knee amputation
Alb	Albumin
Alk	Alkaline
ALK. Phos	Alkaline phosphatase
ALS	Amyotrophic lateral sclerosis
AMA	Against medical advice
amb	Ambulate
amp	ampule
ANA	Antinuclear antibody
ant	Anterior
AP&Lat	Anterior, posterior, and lateral
A&P	Auscultation and percussion
ARDS	Adult respiratory distress syndrome
ARF	Acute renal failure
AS	Left ear
ASA	Aspirin
ASAP	As soon as possible
ASCVD	Arteriosclerotic cardiovascular disease
as tol	As tolerated
AU	Both ears
aux	Auxiliary
AX	Axillary
BE	Barium enema
bid	Twice per day
bld	Blood
BM	Bowel movement
bilat.	Bilateral
BKA	Below knee amputation
BP	Blood pressure
BPH	Benign prostatic hypertrophy
BR	Bedrest
BRP	Bathroom privileges
BS	Bowel sounds
BSC	Bedside commode
BUN	Blood urea nitrogen
BX	Biopsy

C	With
C	Centigrade
Ca	Cancer or calcium
CAD	Coronary artery disease
CABG	Coronary artery bypass graft
cal	Calories
CAT	Computerized axial tomography
CBC	Complete blood count
CBR	Complete bed rest
cc	Cubic centimeter
CC	Chief complaint
CF	Cystic Fibrosis
CHF	Congestive heart failure
CHI	Closed head injury
Chol	Cholestrol
CLL	Chronic Lymphocytic Leukemia
cm	Centimeter
CNS	Central nervous system
C/O	Complaints of
COPD	Chronic obstructive pulmonary disease
CP	Cerebral Palsy
CPR	Cardio - pulmonary resuscitation
CPT	Chest physiotherapy
CRF	Chronic renal failure
CVA	Cerebrovascular accident (stroke)
CVP	Central venous pressure
Cx	Cervix
CXR	Chest x-ray
cysto	Cystoscopy
D&C	Dilation and curettage
D/C	Discontinue
Detox	Detoxicate
Diff	Differential Count
Dig	Digoxin , digitalis
DJD	Degenerative joint disease
DKA	Diabetic Ketoacidosis
DM	Diabetes Mellitus
DOA	Dead on arrival
DOB	Date of birth
DOE	Dyspnea on exertion
DPT	Diphtheria toxoid,, pertussis vaccine, tetanus toxoid
DRG	Diagnosis related groups
DSD	Dry sterile dressing
dsg	Dressing
DT's	Delirium Tremens
DUB	Dysfunctional uterine bleeding
DVT	Deep vein thrombosis
DX	Diagnosis
EBL	Estimated blood loss
E&C	Evacuation and curettage
EDC	Estimated date of confinement

EEG	Electroencephalogram
EENT	Eye, ear, nose and throat
EGA	Estimated gestational age
EGD	Esophagogastroduodenoscopy
EKG	Electrocardiogram
EMG	Electromyogram
ENT	Ear, nose and throat
EMT	Emergency medical technician
EOC	Enema of choice
EOM	Extra ocular movement
eq	Equivalent
ERCP	Endoscopic retrograde cholangiopancreatogram
ESR	Erythrocyte sedimentation rate
ESRD	End stage renal disease
ETOH	Ethanol (alcohol)
ETT	Endotracheal tube
EUA	Examination under anesthesia
F	Fahrenheit
FB	Foreign body
FBS	Fasting blood sugar
FDIU	Fetal death in utero
Fe	Iron
FeSo4	Ferrous sulfate
FFP	Fresh frozen plasma
F.R.	Fluid restriction
F/U	Follow up
FUO	Fever of undetermined origin
FWB	Full weight bearing
Fx	Fracture
G.A.	General anesthesia
GB	Gallbladder
GI	Gastrointestinal
GLU	Glucose
gm	Gram
GP	General practitioner
GSW	Gunshot wound
GTT	Glucose tolerance test
gtts	Drops or (gt, drop)
GU	Genitourinary
Gyn	Gynecology
H2O	Water
H/A	Headache
Hgb	Hemoglobin
HBP	High blood pressure
Hct	Hematocrit
HEENT	Head, ears, eyes, nose and throat
H&P	History and physical
H/O	History of
HOB	Head of bed
HR	Heart rate
hs	Bedtime (hour of sleep)

HTN	Hypertension
HVD	Hypertensive vascular disease
Hx	History
I&D	Incision and drainage
I&O	Input and output
IBW	Ideal body weight
ID	Infectious disease
IDDM	Insulin Dependent Diabetes Mellitus
IFM	Internal fetal monitoring
IM	Intramuscular
IOP	Intraocular pressure
IPPB	Intermittent positive pressure breathing
IUD	Intrauterine device
IV	Intravenous
IVDA	Intravenous drug abuse
IVP	Intravenous pyelogram
JODM	Juvenile Onset Diabetes Mellitus
JRA	Juvenile Rheumatoid Arthritis
jt	Joint
K	Potassium
KCL	Potassium chloride
kg	Kilogram
KUB	Kidney, ureter, bladder
K.V.O.	Keep vein open
l	Liter
L1, L2 etc	First lumbar vertebra, second, etc
LA	Left atrium
LBB	Left bundle branch block
LBP	Lower back pain
LE	Lower extremity
LFT	Liver function test
LLE	Left lower extremity
LLL	Left lower lobe
LLQ	Left lower quadrant
l/m	Liters per minute
LMP	Last menstrual period
LOA	Leave of absence
LOC	Level of consciousness <u>or</u> Laxative of choice
LP	Lumbar puncture
LS	Lumbosacral
LTM	Long term memory
LUE	Left upper extremity
LUL	Left upper lobe
LUQ	Left upper quadrant
LV	Left ventricle
m	Meter
MAR	Medication administration record
mcg	Microgram
MDI	Metered dose inhaler
mg	Milligram
Mg	Magnesium

MH	Marital history
MI	Myocardial infarction
ml	Milliliter
MOM	Milk of Magnesia
MRI	Magnetic resonance imaging
MRSA	Methicillin resistant S. Aureus
MS	Multiple Sclerosis
MSL	Midsternal line
MUGA	Multiple gated acquisition scanning
MVA	Motor vehicle accident
MVI	Multivitamins
N/A	Not applicable
Na	Sodium
NaCl	Sodium chloride
NAD	No acute distress
NaHCO	Sodium bicarbonate
neg	Negative
NGT	Nasogastric tube
NIDDM	Non Insulin Dependent Diabetes Mellitus
NKA or NKDA	No known (drug) allergies
NPO	Nothing by mouth
NS	Normal saline
NSR	Normal sinus rhythm
NSSVD	Non-sterile spontaneous vaginal delivery
NWB	Non weight bearing
N&V	Nausea and vomiting
O2	Oxygen
OBS	Organic brain syndrome
OD	Right eye <u>or</u> overdose
OM	Otitis Media
OOB	Out of bed
op	Operation
O&P	Ova and parasites
ORIF	Open reduction internal fixation
OS	Left eye
OT	Occupational therapy
OTC	Over the counter
OU	Both eyes
P&A	Percussion and auscultation
PAC	Premature atrial contraction
PAP	Papanicolaou Smear
p.c.	After meals
PCA	Patient controlled anesthesia
PDR	<u>Physician's Desk Reference</u>
Peep	Positive end expiratory pressure
PERRLA	Pupils equal, round, reactive to light and accommodation
PFT	Pulmonary function test
PID	Pelvic Inflammatory Disease
PKU	Phenylketonuria test
plt	Platelet
PMH	Past medical history

STS	Serological test for Syphilis
SVD	Spontaneous vaginal delivery
T	Temperature
T1, T2 etc	1st thoracic vertebra, 2nd etc.
T&A	Tonsillectomy & Adenoidectomy
TAH	Total abdominal hysterectomy
TB	Tuberculosis
T&C	Type and crossmatch
TCDB	Turn, cough and deep breath
TENS	Transcutaneous electrical neuromuscular stimulation
TIA	Trans ischemic attack
TIBC	Total iron binding capacity
TID	Three times a day
TLC	Tender loving care; total lung capacity
TMJ	Temporomandibular joint
T.O.	Telephone order
TP	Total protein
TPN	Total parenteral nutrition
TPR	Temperature, pulse and respiration
TSH	Thyroid stimulating hormone
Trach	Tracheostomy
TURP	Transurethral resection of prostate
TV	Tidal volume
TVH	Total vaginal hysterectomy
TWE	Tap water enema
Tx	Treatment
U	Units
UA	Urinalysis
UE	Upper extremity
UGI	Upper gastrointestinal
ULQ	Upper left quadrant
UNK	Unknown
URI	Upper respiratory infection
USN	Ultrasonic nebulizer
UTI	Urinary tract infection
VA	Visual acuity
VD	Venereal disease
VE	Vaginal examination
VF	Visual fields
V-fib	Ventricular fibrillation
VO	Verbal order
VS	Vital signs
VT	Ventricular tachycardia
W	White
WBC	White blood count
WD	Wet to dry
WDWN	Well developed and well nourished
wnl	Within normal limits
wt	weight
x	Times (multiples of)
y.o.	Year old

MILITARY TIME

12:01 AM	0001	12:00 NOON	1200
1:00 AM	0100	1:00 PM	1300
2:00 AM	0200	2:00 PM	1400
3:00 AM	0300	3:00 PM	1500
4:00 AM	0400	4:00 PM	1600
5:00 AM	0500	5:00 PM	1700
6:00 AM	0600	6:00 PM	1800
7:00 AM	0700	7:00 PM	1900
8:00 AM	0800	8:00 PM	2000
9:00 AM	0900	9:00 PM	2100
10:00 AM	1000	10:00 PM	2200
11:00 AM	1100	11:00 PM	2300
12:00 NOON	1200	12:00 MIDNIGHT	2400

MINUTES ARE WRITTEN AS A NUMBER. A FEW EXAMPLES ARE

1:30 PM	1330	6:10 AM	0610
10:45 PM	2245	12:30 AM	0030

MEDICAL TERMINOLOGY

Δ CHANGE	σ WITH
$\uparrow$ INCREASE	$\S$ WITHOUT
$\downarrow$ DECREASE	@ AT
$>$ GREATER THAN	σ MALE
$\geq$ GREATER THAN OR EQUAL TO	φ FEMALE
$<$ LESS THAN	+ POSITIVE
$\leq$ LESS THAN OR EQUAL TO	- NEGATIVE
= EQUAL	(R) RIGHT
$\checkmark$ CHECK	(L) LEFT

ABBREVIATIONS

NH ₃	Ammonia
MG	Magnesium
K	Potassium
NA	Sodium
CO ₂	Carbon dioxide
ETOH	Alcohol
Ca	Calcium
NaHCO ₃	Sodium bicarbonate
H ₂ O ₂	Hydrogen peroxide
PO ₄	Phosphate
SO ₄	Sulfate
HCO ₃	Bicarbonate
KCL	Potassium Chloride
O ₂	Oxygen

VOCABULARY

Acute - illness which had a sudden beginning, a short course and severe symptoms.

Advanced Directives - Patient's pre-planned consent for what he wants done in the way of life saving measures.

Aerobic - With oxygen.

Amniocentesis - Taking a sample of amniotic fluid from sac, during pregnancy to examine cells for genetic defects.

Ataxia - Lack of muscle coordination.

Ascites - Collection of fluid in the peritoneal cavity.

Adhesions - Abnormal bands or fibers that bind one organ to another (especially intestines); can result from surgery or infection.

Attending Physician - Primary care giver.

Benign - Noncancerous.

Biopsy - Excision of living tissue for examination.

Bradycardia - slow heart beat.

Calorie - energy value of food.

Chronic - a long duration.

Comatose - In a deep stupor; cannot be aroused.

Consent - Permission granted by a person voluntarily and in his or her right mind.

Consultation - A shared opinion regarding the diagnosis, treatment and prognosis of a patient.

Continent - Capable of controlling voiding and defecation.

Coronary artery bypass graft (CABG) - Substituting a vein from the leg to bypass the occluded artery in MI patients.

Cystocele - Hernia of the bladder.

Diagnosis - A statement of the nature of an illness.

Diuresis - Increased urinary output, due to medication with a diuretic drug.

Exacerbation - increase in the degree of sickness.

Fibrocystic disease - Non-malignant breast tumors.

Fistula - Abnormal opening between two organs.

Flaccid - Poor muscle tone; limp.

Genesis - The origin or coming into being of something; birth; production. Originates from the Bible.

Hernia - Rupture; or a projection of a part from its natural place

Hiccough - Spasm of the diaphragm due to many things

Homeostasis - the body's attempt to keep its internal environment stable and in balance

Hyperalimentation - TPN (Total parenteral nutrition) with a subclavian catheter

Invasion of privacy - To make publicly known any private or personal information about a person without his or her consent.

Invasive - Diagnostic procedure that requires needles, IV's, or medications

JCAHO - Joint commission of American Health Organizations

Lethargy - marked lack of energy; stupor

Libel - Written defamation of character.

Lumen - The opening within a tubal structure such as a blood vessel

Malignant - Deadly; often refers to a tumor (ex. malignant tumor).

Malpractice - Bad practice by a professional, which may involve carelessness, negligence, faulty practice, or illegal or immoral conduct.

NG tube - nasogastric tube: flexible tube inserted through the nose and into the stomach.

Nonaerobic - Without oxygen.

Noninvasive - Diagnostic procedure that does not require inserting needles, tubes, and so on.

Peak & trough levels - When a patient is being treated with some types of antibiotics, a doctor may want to know how much of the antibiotic is circulating in the bloodstream at the highest (peak) and lowest (trough) levels.

Peritoneum - Membrane lining the abdominal cavity.

Prognosis - A prediction of the outcome of an illness.

Reflex - Automatic response to stimulation.

Scar - Mark left by the healing of a wound.

Sepsis - A poisoned state caused by bacteria.

Septicemia - A morbid condition caused by the presence of bacteria and other toxins in the blood.

Sterile - Free from all microorganisms.

Sinuses - Air spaces in the cranium that make the skull lighter and serves as resonating chambers for the voice.

Sputum - Secretions from bronchi.

Tachycardia - Fast heart rate.

Therapeutic - Pertaining to or effective in the treatment of disease.

Toxic - Poisonous.

Traction - Process of drawing or pulling.

Tumor - A swelling or large nodule may be benign or malignant.

Triage - A system of classifying the sick and wounded to determine priority of care.

Valves - Heart valves keep the blood from backflowing.

Void - To empty bladder.

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Abbreviation Lists of:

St. Agnes Hospital Baltimore, Md.

University of Maryland Medical System, Baltimore, Md.